



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
FFY 2006-2007

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)

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STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

AMENDMENTS LOG

Child Care and Development Services Plan for
For the period: 10/1/05 -- 9/30/07

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1 ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: **Washington State Department of Social and Health Services**
Address of Lead Agency: **PO Box 45010
Olympia, Washington 98504-5010
FAX (360) 902-4723**
Name and Title of the Lead Agency's Chief Executive Officer: **Robin Arnold-Williams**
Phone Number: **(360) 902-7800**
Fax Number: **(360) 902-7848**
E-Mail Address: **Robina@dshs.wa.gov**
Web Address for Lead Agency (if any): **<http://www1.dshs.wa.gov/>**

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State Child Care Contact (CCDF): **Rachael Langen, Director**
Title of State Child Care Contact: **Division Director**
Address: **Division of Child Care & Early Learning
(DCCCL)**
Phone Number: **(360) 725-4665**
Fax Number: **(360) 413-3482**
E-Mail Address: **Langer@dsos.wa.gov**
Phone Number for child care subsidy program information (for the public) (if any): **Resource & Referral Network Child Care Information Line 1-800-446-1114**
Web Address for child care subsidy program information (for the public) (if any): **<http://www1.dshs.wa.gov/esa/dcccl/parents.shtml>**

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: \$105,813,726

Federal TANF Transfer to CCDF: \$95,000,000
Direct Federal TANF Spending on Child Care: \$46,000,000
State CCDF Maintenance of Effort Funds: \$38,707,605
State Matching Funds: \$30,359,606
Total Funds Available: \$315,880,937

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$11,550,000 (5%). (658E(c)(3), §§98.13(a), 98.52)

Administration of the Program

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

☐

Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.

☒

No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

The Department of Social and Health Services (DSHS) will retain overall responsibility for program administration including: 1) serving as single point of contact regarding administration of funds; 2) determining use and priorities for block grant expenditures; 3) promulgating rules and regulations governing administration; 4) submitting required reports; 5) ensuring compliance with the plan and federal requirements; 6) overseeing expenditures of funds to sub-grantees and contractors; 7) monitoring programs and resources; 8) fulfilling responsibilities related to complaints, compliance, hearings, and/or appeal actions.

DSHS will develop written agreements, which specify the mutual roles and responsibilities of the lead agency and other agencies in meeting requirements under §98.11. Funds related to these activities will be transferred to the appropriate agency under written agreement. The agreement will specify that agencies carrying out program activities will comply with the approved state plan and federal regulations including providing such information as is necessary to DSHS to provide overall administration and reporting.

Determining Eligibility

For child care services funded under §98.50 (e.g., certificates, vouchers, grants, contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

Determine individual eligibility of non-TANF families?

☒

Yes.

☐

No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:

All Non-TANF families who are low income, involved in approved activities, and receiving child care services through Economic Services Administration have their eligibility determined by the lead agency. Exceptions are:

The Seasonal Child Care Program for which eligibility criteria is determined by DSHS and implemented by private non-profit organizations under contracted conditions.

The children served by Children's Administration who receive child protective services.

Determine individual eligibility of TANF families?

☒

Yes.

☐

No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:

Assist parents in locating child care?

☐

Yes.

☒

No. If no, identify the name and type of agency that assists parents:

The [Washington Statewide Child Care Resource and Referral Network](#) assists parents in locating child care through 18 community-based child care resource and referral programs (R&R). The lead agency has several ways to link families with local R&R programs, which perform referral services to help parents locate child care.

Make payments to providers and/or parents?

☒

Yes.

☐

No. If no, identify the name and type of agency that makes payments:

Note: In the case of payment for in-home child care, payment is made to the parent who in turn pays the provider.

Non-Governmental Entities

Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

☒

Yes, and the following entities named in 1.6 are non-governmental:

Benton-Franklin Community Action Council; Catholic Charities, Dioceses of Yakima; Sea Mar Community Health Center; and Yakima Valley Farm Workers Clinic.

☐ No.

1.8 Use of Private Donated Funds

Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

☐ Yes, The name and type of entity designated to receive private donated funds is:
Name:
Address:
Contact:
Type:

☒ No.

1.9 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☒ Yes, and:

(X) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(20%) Estimated % of the MOE requirement that will be met with pre-K expenditures.

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☐ No.

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☒ Yes, and

(20%) Estimated % of the Matching Fund requirement that will be met with pre-K expenditures.

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its

Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Early Childhood Education and Assistance Program (ECEAP) provides comprehensive preschool experiences for income-eligible three & four year old children. Currently a family who is eligible for Head Start/ECEAP services and needs a full day of child care may also receive child care subsidies through the Working Connections Child Care (WCCC) program. WCCC eligibility requirements and rules take precedence when a child is enrolled in a “blended Head Start/ECEAP site”. The family must meet WCCC income guidelines, the provider must be licensed or certified, and the care must be based on the parent and child’s schedules. WCCC authorizations are currently for a maximum of six months.

☐ No.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

Individual pre-K/ ECEAP part day programs are encouraged to link with full-day community-based child care programs. Technical assistance is available to support these local efforts. Many Head Start and ECEAP programs provide technical assistance over a period of years to guide child care providers to the level of quality and comprehensiveness that they can become subcontractors for full-day pre-K services.

Local child care providers are encouraged to consider collaborative approaches to develop full-day programs enriched with ECEAP and Head Start pre-K services. A package of services is provided delivering child care, medical exams, home visits and family support activities, through collaborative funding and service delivery among K-12, Head Start/ECEAP, Health Services and Child Care providers. Additionally, Head Start and Early Head Start programs are providing resources for professional development for the child care staff in programs that partner to provide full-day/full-year services.

1.10 Improper Payments

1.10.1 How does the Lead Agency define improper payments?

The definition in the Improper Payments Information Act of 2002 reflects our practice in this area. That definition is:

- (a) Any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and**
- (b) Includes any payment to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for applicable discounts.**

1.10.2 Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

We have increased automation in our case management system to assist workers in minimizing opportunities for improper payments. We have reports (in the Social Service Payment System) available for workers/offices to use in identifying possible improper payments. We can run reports to show possible instances of overpayments or underpayments. We have a Payment Review Process (PRP) in place to identify overpayments through the use of algorithms, then to establish and collect the overpayments.

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes.

☐ No.

1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?

☒ Yes, and these strategies are:

We require supervisor audits. Division data staff have the ability to conduct research for inconsistencies when needed. We continue to work on information transfer between the various automated systems used by the state benefit programs, to ensure workers have the correct information when determining eligibility. We are exploring an e-child care system that, if funding becomes available, should alleviate many different types of improper payments.

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes.

☐ No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (5) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	Consultation	Coordination
Representatives of local government	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for		
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

** Required.*

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Consultation:

The lead agency held five community forums and conducted a statewide online survey to gather input into identifying key priorities for use of CCDF funding and strengthening key components of our state's child care system. We sent notice and invitation to our broad stakeholder distribution list and posted the forums announcement flyer (Attachment #1) on our website at <http://www.dshs.wa.gov/esa/dccel>.

The five public forums resulted in rich dialogue and meaningful input for the improvement of the child care system in Washington State. Participants included representatives from state and local governments, health organizations, child care provider groups, non-profit community agencies and educational organizations. Each group received a presentation about current Washington State CCDF programs, services, funding levels and an overview of CCDF requirements (see Attachment #2). Participants were then asked to discuss and identify the following:

For key quality services currently funded under CCDF, participants were asked whether there should be more, less or the same level of services. Participants were also asked to identify three top priority initiatives.

A separate provider specific survey was conducted at each forum to get child care provider thoughts and opinions about the structure of professional development requirements and how best to provide scholarships, professional development needs, and barriers to staying in business.

A final survey gathered participant opinions on the child care related components of the "Kids Matter" plan. This is the MCH, Early Childhood Comprehensive System Plan that in Washington has been combined with the BUILD Initiative and the Governor's Head Start-State Collaboration Project system planning efforts. Participants ranked the importance of each initiative and chose three priority initiatives.

The complete information received via these forums is included in Attachment #3.

In addition to the forums, DCCCEL also collected information through the use of an on-line survey. Notification of the survey was sent to child care stakeholders and the DCCCEL list serve. The statewide online survey was designed to mirror the content of the in-person forum survey tools.

There were 86 forum responses and 465 on-line responses to the quality services survey. The provider survey was completed by 58 people at the forums and by 220 on-line. The "Kids Matter" (ECCS plan) received input from 79 people in the forums and from 344 on-line. Complete information received via the survey is included in Attachment #4.

Our consultation process also involved posting the draft CCDF plan on the internet, notifying our broad stakeholder list via listserv, and the following entities who provide services detailed within it, for their review and comment:

Leadership Council for Quality Care and Education (AKA: Child Care Coordinating Council, CCCC) Members

Department of Health

The Governor's Office

The Governor's Head Start-State Collaboration Office

Office of Superintendent of Public Instruction

School's Out Washington

Washington Association for the Education of Personnel in Early Childhood Programs (WAEPECP)

Washington Association for the Education of Young Children

Washington State Child Care Resource and Referral Network

Culturally Specific Child Care Task Forces

DSHS Children's Administration / Child Protective Services

DSHS Community Services Division / TANF

Early Care and Education Coalition (EC²)

Department of Community Trade and Economic Development

The Foundation for Early Learning

DSHS Infant Toddler Early Intervention Program – IDEA Part C

Tribes

Efforts to obtain Tribal input into the state's CCDF Plan were as follows:

DCCEL sent notice of forums to all tribal child care directors/social service directors via listserv. The DCCEL Tribal Liaison sent invitations to all tribal child care directors/social service directors stating importance of providing input, provided forum schedule and encouraged them to attend. DCCEL sent notice of additional forum in Tukwila to all tribal child care directors/social service directors via listserv. The DCCEL Tribal Liaison sent notice of new forum in Tukwila to all tribal child care directors/social service directors and asked them to share with larger tribal community.

DCCEL sent notice of CCDF Plan hearing schedule to all tribal directors/social service directors via Listserv. The DCCEL Tribal Liaison sent notice of CCDF Plan hearing schedule to all tribal directors/social service directors stating importance of tribal input into plan, and sent notice that the 2005-2007 CCDF Plan is posted on DCCEL website and request review and input from all tribal child care directors/social service directors via Listserv. Tribal child care directors/social service directors were sent the above-mentioned notice notating sections specific to tribes, and were encouraged to participate. An announcement was made at the Region X Tribal Child Care Conference regarding the state CCDF plan review process and opportunity to provide input. The DCCEL Tribal Liaison made available to tribes, paper copies of the state CCDF plan and encouraged review and input via DCCEL web site.

Coordination:

The Division of Child Care and Early Learning plays a key role as both a convener and participant in coordination activities. The Division has established a broad based Advisory Group to provide input on subsidy, licensing, and quality efforts. The Division is a key part of the interagency Core Team guiding the development of the Washington State Early Learning and Development Benchmarks. DCCCEL is heavily engaged in various professional development planning and improvement efforts. The Division has been an active participant in supporting school-age service planning, negotiating services with Tribes, identifying ways to improve and expand the use of developmental and other assessments to identify children's needs in early childhood, and redesigning the registry system for provider education, just to name a few.

The State Child Care Coordinating Committee (CCCC) was statutorily created in 1988 in anticipation of federal child care regulation. This group was required to facilitate coordination and communication among state agencies responsible for child care, youth care and early childhood education services, and to make recommendations regarding improvements to state services. As of May 16, 2005, RCW 74.13.090 (the Child Care Coordinating Committee) and 74.13.0901 (Child Care partnership) have been repealed by House Bill 1152, an ACT relating to early learning.

The Washington Early Learning Council (Council) was established by the legislature through HB 1152 and will be housed in the governor's office. It will serve as an oversight body, composed of representation from the public and private sectors, to provide leadership and vision to strengthen the quality of early learning services and programs for all children and families in the state.

The council shall include representation from public, non-profit, and for-profit entities, and its membership shall reflect regional, racial, and cultural diversity to ensure representation of the needs of all children and families in the state. The council shall consist of seventeen members, as follows:

- One representative each of the governor's office, the Department of Social and Health Services, the Department of Health, and the State Board for Community and Technical Colleges, appointed by the governor;
- One representative each of the office of the superintendent of public instruction, appointed by the superintendent of public instruction;
- Two representatives of private business and two representatives of philanthropy, appointed by the governor;
- Four individuals who have demonstrated leadership and engagement in the field of early learning, appointed by the governor; and
- Two members of the house of representatives appointed by the speaker of the house of representatives, one of whom shall be a member of the majority caucus and one of whom shall be a member of the minority caucus, and two members of the senate appointed by the president of the senate, one of whom shall be a member of the majority caucus and one of whom shall be a member of the minority caucus.

The Council is one piece of a larger Comprehensive Education Study Steering Committee examining birth through college completion. School-age child care is an issue that will be addressed through a comprehensive K-12 finance study.

Indian Tribes: DCCEL regional Field Managers meet quarterly in most areas of the state with local tribal representatives to identify and collaborate on child care issues. Statewide coordination is achieved through the DCCEL Tribal Liaison, and in collaboration with the Region X HHS office. DCCEL meets quarterly with a tribal-state work group to facilitate coordination, collaboration, and problem solving related to tribal access to child care resources. Some of the on-going issues include: improving tribal members' access to child care subsidies, clarifying licensing and certification definitions and differences, collaborating with tribes around health and safety standards, and making training and technical assistance more readily available to tribes.

Resource and Referral Agencies: This plan includes funding for resource and referral. Resource and referral agencies play an active role in coordinating and developing child care services at the local community level as well as comprehensive consumer education on the importance of quality child care under contracts with the lead agency. (See Attachment #5, *Child Care Resource and Referral Network Roster*)

DSHS Child Care Programs: DSHS administers child care subsidies for low-income non-TANF families, child care related to protective services and alcohol/substance abuse, and families served through TANF programs and the Seasonal Child Care program. DSHS administers child care licensing, as well as planning and development activities such as resource and referral and consumer education.

Ad hoc committees: These committees are comprised of community representatives and are convened as necessary to develop programs and program changes required to meet CCDF rules.

Washington Association for the Education of Young Children (WAEYC): WAEYC manages the training, scholarship and provider services component of the Washington State Training And Registry System (STARS). STARS is a statewide training initiative responsible for coordinating the required basic 20 hour training and the annual 10 hour training offered throughout the state in a variety of venues. This coordination includes approving processes for training, trainers and training organizations and tracking training and awarding scholarships.

ECEAP AND HEADSTART: ECEAP and Head Start closely coordinate policy development to ensure consistency for dually funded Head Start and ECEAP providers and coordinate the allocation of early childhood funds. DCCEL is actively involved in the Governor's Head-Start Collaboration Office.

The Governor's Head Start-State Collaboration Office (GHS-SCO), funded through a grant from the Head Start Bureau, serves as a single point of contact for both state agencies and local Head Start programs, to inform all stakeholders of current services, policies and initiatives and to identify opportunities for improvements for services to low-income families and children. Additionally, the purpose of the GHS-SCO is to support the development of multi-agency and public/private partnerships at the State level to enhance

the capacity of Head Start and other early childhood programs to improve outcomes and opportunities for children and families in Washington State by:

- Helping to build early childhood systems and enhance access to comprehensive services and support for all low-income children;
- Encouraging widespread collaboration between Head Start and other appropriate programs, services, and initiatives, augmenting Head start's capacity to be a partner in State initiatives on behalf of children and their families; and
- Facilitating the involvement of Head Start in state policies, plans, processes and decisions affecting Head Start target population and other low-income families.

DCCEL has developed public-private partnerships with businesses and philanthropic organizations in the state to increase public awareness of the need for high-quality, affordable child care in Washington, to increase the number of employer-supported child care facilities in Washington, to address systemic issues that cut across services and to increase the availability of capital funds for child care facilities. Washington is a BUILD Initiative state and has developed the "Kid's Matter" Plan. This plan brings together the planning efforts of the Governor's Head Start-State Collaboration Project, the Early Childhood Comprehensive System Grant (ECCS) and BUILD into one plan.

Early Care and Education Coalition is a public/private funders group with a sixty-person statewide advisory committee, working to promote public awareness, promote parent knowledge and skill, and build public will for effective early learning policy and investments.

Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Washington is administered by the WA State Child Care Resource & Referral Network and is a vibrant public private partnership with growing numbers of funders including: the State through DCCEL, The Foundation for Early Learning (a public charitable foundation), the City of Seattle, the Paul G. Allen Family Foundation, The BOEING Company and Foundation NW.

Public health programs provide local public health nurse consultation to child care providers regarding children's emotional and mental health development and behavior. This work is accomplished through contracts with the Department of Health and results in increased knowledge and skills on the part of licensed child care providers.

Healthy Child Care Washington is implemented through a contract with the Department of Health. It provides training, technical assistance and consultation to licensed child care providers to promote health and safety for infants and toddlers.

Employment Support: DCCEL spends CCDF dollars to subsidize child care for low-income families participating in Washington's WorkFirst Program. These families are working or gaining appropriate skills to enter and succeed in the work force.

Public Education: Each school district is required to provide all eligible special education students starting at age three a free appropriate public education program. The right to special education for eligible children begins on their third birthday. Three, four and five

year old preschool children with disabilities are to receive early special education and related services that result in increased skills that enable them to succeed in school. Performance targets for special education preschool programs create the expectation that there will be an increase in the percentage of preschool children receiving services with their typically developing peers in typical early care and education environments including the home.

TANF is part of Economic Services Administration. TANF case managers refer clients needing child care to call centers to access child care services when they apply for TANF benefits, thus providing better service to families. The 2001 reorganization of licensed child care and early learning functions has led to improved coordination between child care subsidy (Working Connections) and the TANF offices.

State Pre-K and Head Start programs: The Governor's Head Start-State Collaboration Office and Early Childhood and Assistance Program (ECEAP) are working in conjunction with child care programs to maximize linkages between early childhood programs and child care. Intended results are the promotion of full-day services for children and high quality, comprehensive care.

DSHS Infant Toddler Early Intervention Program (ITEIP) coordinates a statewide system of early intervention services for children, birth to three, with disabilities and/or delays, and their families. DCCEL partners with ITEIP in ongoing activities to promote cross referral of the child care and early intervention services systems. DCCEL coordinates with ITEIP to share referral processes into early intervention, link child care providers to early intervention local resources and connects families with Family Resources Coordinators who assist families in finding needed early intervention services. ITEIP works with DCCEL on public awareness outreach efforts to families who have infants and toddlers with special needs. ITEIP funding and in-kind support continues to assist in materials development and distribution to early intervention programs, providers and other activities (i.e., statewide conferences and training) to link child care initiatives with the early intervention system in Washington State.

The Office of the Superintendent of Public Instruction funds the Washington Association for the Education of Young Children Early Childhood Inclusion Project with federal discretionary monies that are intended to benefit the state as a whole. The purpose of the Inclusion Project is to support school districts and community early care and education program collaboration that will result in the creation of more inclusive learning opportunities for preschool children. The project provides small planning grants, training and technical assistance to district and community teams.

- 2.1.2 State Plan for Early Childhood Program Coordination. Good Start, Grow Smart encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft is included as Attachment _____
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment _____
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment _____
- ☒ **Other (describe): While the state has not begun this phase of Good Start, Grow Smart, we have been actively involved in Early Childhood System Planning. Below are descriptions related to these system-planning efforts. See Attachment #6**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.

While Washington State has not officially begun this phase of Good Start, Grow Smart, the State has developed a cross-sector early childhood plan called “Kids Matter.” This plan has had input from state and local partners, the private and non-profit sectors. State partners include the Department of Health, the Office of Superintendent of Public Instruction, the Department of Trade and Economic Development, and the Department of Social and Health Services. The plan lays out cross-sector system goals in several areas around which the partners have reached agreement. Partners are exploring funding and delivery mechanisms to reach the goals. The Division of Child Care and Early Learning and the Governor’s Head Start-State Collaboration Project have been active partners in the development of “Kids Matter” and are committed to the goals set forth in the plan.

A legislative and gubernatorial initiative adds complexity to early childhood system planning. HB 1152 created the Early Learning Council (ELC), which will be examining the governance structure of Early Learning and will be making additional recommendations to the legislature and Governor regarding financing and quality improvement initiatives. In addition, the Governor sponsored legislation that creates a Commission to examine education, birth through college, of which the ELC is incorporated.

The recommendations or directives from the Early Learning Council will inform the direction of the state partners in regard to system coordination across early childhood. Future planning and the service coordination requirements of Good Start, Grow Smart will be influenced by the Council’s direction.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Division of Child Care and Early Learning will take a lead, likely with other system partners, in ensuring that this portion of Good Start, Grow Smart is completed. The “Kids Matter” plan is led by individuals in three organizations who have lead responsibility for the ECCS plan, the Build Initiative, and the Governor’s Head Start-State Collaboration Project.

The “Kids Matter” plan brings together child care, Head Start, state funded Pre-K (ECEAP), health department services and many others. Active collaboration occurred in the writing of the plan from one of these programs at both the state and local level.

Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children. Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

Identifying goal areas that are important across state and local agencies, foundations, non-profits, and business creates linkages for collaboration. There is hope that as a result of the collaboration, funding will be identified to carry out plan elements. One section of the plan focuses on child care specifically. One of the goals in this section deals with professional development. A second section covers social and emotional development. One of the goals in this section deals with provider education. Each plan element does connect to both system outcomes and child and family outcomes. Please see Attachment #6 for details.

2.2 Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: **May 20th, 2005**

Manner of notifying the public about the statewide hearing:

We sent a notice and invitation to our broad stakeholder distribution list and posted it on our website at <http://www.dshs.wa.gov/esa/dccel>

Date(s) of public hearing(s): **June 20th and June 22nd, 2005**

Hearing site(s): **Spokane and Kent**

How the content of the plan was made available to the public in advance of the public hearing(s):

We posted the draft CCDF plan on the ESA policy review website <https://fortress.wa.gov/dshs/f2esaapps/extpolicy/> for the public to post their comments and review the plan. A message containing a link to the document was also sent to our staff, stakeholders and list serve participants, once the plan was on the ESA website.

2.3 Public-Private Partnerships

Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))

BUILD Initiative: Lead by the Foundation for Early Learning, this initiative works to develop a better linked and coordinated early childhood system. The system outcome is a better coordinated system resulting in accessible, coordinated services. The coordinated and collaborative service delivery theory is that improved service delivery results in more expedient, integrated, and higher quality services leading to better child and family outcomes. The child and family outcomes would depend on the services being accessed.

Foundation for Early Learning: The Foundation works to provide parents, parents-to-be, and caregivers with reliable information on how to encourage their babies and toddlers' ability to learn. The desired outcomes are captured in their vision statement that all children birth through age five in Washington State are nurtured by their families, caregivers, and community in a healthy environment that ensures social, emotional, and academic success.

Early Care and Education Coalition is a public/private funders group with a sixty-person statewide advisory committee, working to promote public awareness, promote parent knowledge and skill, and build public will for effective early learning policy and investments.

Educational Service District 189 (ELOA grant): The Northwest Educational Service District received an Early Learning Opportunities Act grant to increase professional development of early childhood educators in a five county region of our state. These funds are being matched by both business and agency groups to increase availability of early learning materials and support to both child care providers and preschool teachers.

A major focus of a mentoring program is to provide teachers with a researched-based, intentional early literacy and social/emotional skills curriculum. This project provides the consultation services of an Early Learning Specialist who is working on-site with child care providers. The expected results are that child care providers will increase their skills in supporting these areas of learning and that children will enter kindergarten from their programs with the skills that they need to succeed in school and in life. A pre- and post-assessment will be used to evaluate child outcomes.

Success by Six: United Way Success By 6 is a network of early childhood coalitions, bringing together business, government and non-profit sectors in new ways to give young children the best start in life in many Washington communities. Each Success By 6 initiative is organized through a local United Way, and engages as community partners a variety of business, government and non-profit organizations. Success By 6 initiatives are generating long-lasting community change to support young children by bringing stakeholders together and galvanizing communities to solve problems and create strategies for system and policy change. Local coalitions are galvanizing communities and states

around early childhood development. They're raising awareness, improving access to services and advocating for public policies -- especially around early learning and child care -- to improve the lives of young children and families.

Social Venture Partners: A foundation that links with community partners to help finance on the ground activities. The desired outcome is to improve children's services resulting in better child outcomes.

King County Funders Alliance: A group of funders from King County that have prioritized Family, Friend and Neighbor Care, and Quality Rating Systems for support to improve outcomes of children in child care.

Spokane United Way Success by Six and Health Improvement Partnership: Family Care Resources – Partners with the Division in implementing the Spokane Tiered Reimbursement Project. Designed to support child care providers in becoming accredited, with the outcome of improved or enhanced child development.

Talaris Institute: A Research Institute with a mission to advance knowledge of early brain development. Provides public education and awareness campaigns, including more effective techniques for parents and caregivers and enhanced parent-child relationships.

PART 3

CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:

- (1) a description of the form of the certificate (98.16(k));
- (2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and
- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the mix of \$98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

- (1) Child Care subsidy consumers are issued an “Award Letter” from either a contractor or DSHS staff. This letter is considered the “certificate”. It identifies the subsidy program, contains eligibility dates, and any co-payment responsibility on the part of the consumer.**

- (2) The following steps lead a consumer through the process of obtaining child care subsidies:**

Consumer contacts a DSHS office either by phone, mail, or electronically and requests or submits an application.

Staff reviews the application and request additional verification if needed.

If eligible, the consumer receives the “Award Letter”. At this time the consumer may have chosen a provider; if not, they are referred to a local Child Care Resource and Referral Agency for referrals to licensed/certified providers. The consumer is also given appropriate information regarding the use of license exempt providers (in-home/relative) when applicable.

The consumer uses the Award Letter to show potential providers their eligibility for the program.

Once a provider is chosen, the contractor or DSHS staff gather the necessary information from the provider and consumer to establish accurate payment.

This process is slightly different for Homeless and Seasonal Child Care in the following ways: Consumers contact the authorized contractor and child care provider options are limited due to the nature of the programs.

- (3) Child care subsidies are currently offered exclusively through a "certificate" type system. The lead agency does not hold grants or contracts with child care providers for the provision of slots or blocks of care.**

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No

The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☒ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

The lead agency does not allow in-home care for Seasonal Child Care because this service is primarily for the migrant population. Most of the population lives in temporary housing, trailers and migrant camps, and in a transitional status due to the availability of work. The lead agency would not be able to ensure the health and safety of the children served by this program.

For families using subsidies, non-relatives and certain relatives are restricted to providing care in the child's home. This limitation is in accordance with state child care licensing regulations.

☐ No

Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

☐ Yes

☒ No, and the following are the localities (political subdivisions) and the services that are not offered:

The Seasonal Child Care program is not offered in the northeastern corner of the state or in Western Washington, except for Skagit and Whatcom Counties

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as **Attachment #7**.

The attached payment rates were phased-in over a period of six months, January 1 - June 30, 2002.

The rates are the maximum amounts the state will pay for child care in each rate category. The rates established in January 2002 were at the "58th percentile" based on the 2000 market rate survey. This means that the rates were equal to or greater than the prices charged to 58% of full-time children attending centers serving at least 15% private pay children and 58% of private pay full-time children cared for in family homes. It should be noted that Washington State strives to base its subsidy rates on the private pay child care market.

As a result of legislative budget actions, a child care subsidy rate increase was phased-in for Spokane County licensed child care providers, effective July 1, 2004. This increased maximum DSHS rates by 2.7% for center and family home providers in Spokane County. Legislation has extended the enhanced rate for Spokane County through June 30, 2007.

Washington State does not have a waiting list for child care subsidies—all eligible families who apply are offered subsidies. Washington State sets its percentile based on a forecast of the child care caseload in combination with the amount of monies budgeted for child care subsidies and the market rate survey.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

The month and year when the local market rate survey(s) was completed: **February – June, 2004**. (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as **Attachment #8**.

In the spring of 2004, DSHS contracted with the Social and Economic Services Research Center (SESRC) of Washington State University to conduct a survey of: 1) child care centers and (2) licensed family child care homes. They attempted to call all 2,134 child care centers and a stratified random sample of 32% of child care family homes (2,171 out of 6,875).

Current subsidy rates are equal to or greater than the prices charged 25% of the full-time children in centers (with at least 15% private pay children) and 31% of full-time private pay children in licensed family homes. The 2004 market rate survey also found that 29% of all children in centers were subsidized by DSHS and 36% of all children (42% of all children in full-time care) in licensed family homes were subsidized. The attachment indicates the percentile that the current subsidy rates represented at the time of the 2004 survey for each age category and region of the state.

How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

Washington State attempts to ensure equal access by making the same proportion of slots available to families regardless of where they live in the state, the age of their children, and

the type of care that they choose (center vs. family home). Subsidy rates are set for four age groups (infants, toddlers, preschoolers, and school-age children) and two types of providers (centers and licensed family homes) in each of six DSHS Regions.

Some DSHS Regions cover large geographical areas and providers expressed concern prior to the last round of rate setting in January 2002 that the DSHS rates in some counties were too low. The amount of the market that the proposed DSHS rates would buy in each county was analyzed and centers in four counties were identified as needing special treatment. The maximum DSHS rates for centers in those counties were then assigned rates based on the DSHS Region they most closely resembled; no need for special treatment for family home rates was identified.

In connection with the 2004 market rate survey, providers were asked about both their willingness to care for subsidized children and whether or not they were currently caring for subsidized children. Below is a table showing the proportion of providers willing to care for subsidized children as well as the proportion caring for subsidized children at the time of the survey. This information indicates that parents throughout the state should not have difficulty finding providers willing to care for children using subsidies to help pay for care. Center providers were asked whether they set a limit on the number of subsidized children that they would accept and 88% of providers that cared for children using subsidies did not set a limit on the number that they would serve.

Table 1. Information on Providers' Willingness to Care for Subsidized Children

DSHS Region	Centers		Homes	
	Percent Willing to Care for Subsidized Children	Percent Caring for Subsidized Children	Percent Willing to Care for Subsidized Children	Percent Caring for Subsidized Children
1	99%	94%	97%	79%
2	94%	81%	97%	81%
3	99%	91%	96%	62%
4	91%	74%	92%	54%
5	99%	95%	84%	51%
6	98%	95%	96%	71%
Statewide	96%	87%	94%	66%

Table 1 shows that almost all licensed providers in Washington State are willing to care for at least some subsidized children. Tables 2 and 3 show the estimated capacity available to families seeking to use subsidies to help pay for their child care.

Table 2 shows that 77% of slots are in centers that place no limits on the number of subsidized children that they will serve and an additional 3% of slots are in centers that put some limits on the numbers of subsidized children that they will accept. An additional 2% of slots are in centers that are willing to serve subsidized children but either did not serve or did not indicate the limit that they placed on numbers of accepted subsidized children. The 2004 market rate survey indicates that the subsidy rates in effect at the time

of the survey provided access to approximately 80 – 82% of licensed slots in child care centers.

Table 2. Centers: Capacity Open to Families Using Subsidies to Help Pay for Child Care

Access	Number of Providers	Capacity	Capacity Available to Subsidized Children	Percent of Providers	Percent of Capacity	Percent of Capacity Available to Subsidized Children
Will not accept DSHS children	58	5177	0	3%	4%	0%
Accept DSHS children						
No limits and actively serving	1634	93549	93549	78%	77%	77%
Limits and actively serving	211	14200	3193	10%	12%	3%
Willing to serve*	184	8708	2177	9%	7%	2%
Unable to estimate	47	3050				
	2134					

* Assumes that 25% of capacity is open to DSHS children.

Table 3 shows that only 4% of slots in licensed homes are unavailable to families using subsidies to help pay for child care. Because family home providers were not asked about the limits that they placed on the number of subsidized children that they would serve, it is difficult to estimate the total percentage of slots in licensed family homes available to families using subsidies. The data do suggest, however, that the availability in homes is similar to that in centers and that families should have access to at least 75% of slots in licensed family homes (the 70% currently serving and one-quarter of slots in homes willing to serve).

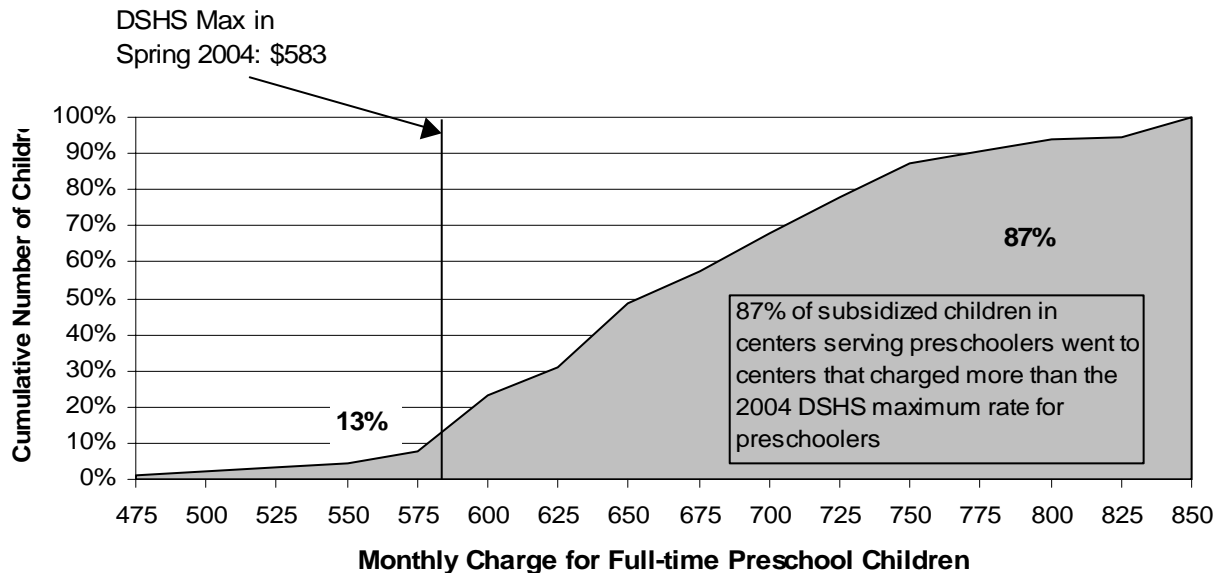
Table 3. Homes: Capacity Open to Families Using Subsidies to Help Pay for Child Care

Access	Number of Providers	Capacity, Less Provider's Own Children	Percent of Providers	Percent of Capacity
Will not accept DSHS children	336	2543	5%	4%
Accept DSHS children				
Actively serving	4560	40673	67%	70%
Willing to serve	1889	14921	28%	26%
Unable to estimate	90	591		
Total:	6875	58728		

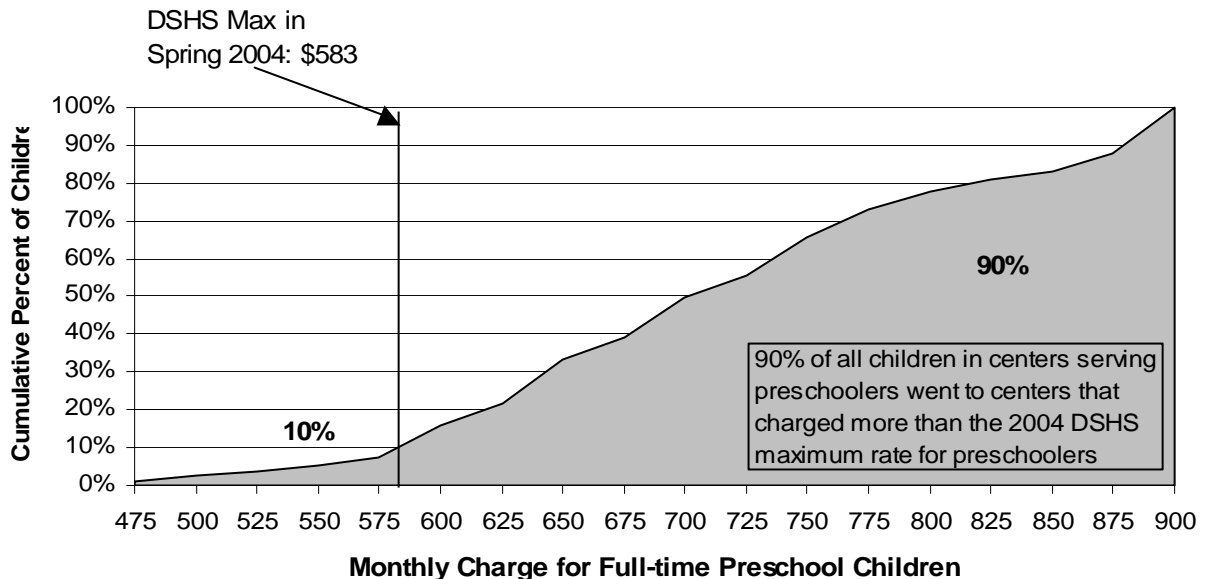
Last, we examined in more detail the area of the state (Region 4) where centers were least likely to be willing to or actually care for subsidized children. The data indicate that many subsidized children attend providers with rates well above the maximum subsidy rate. At the time of the 2004 survey, the maximum rate that DSHS would pay for preschoolers in center care was \$583 a month in Region 4. The following figure shows the percent of subsidized children attending centers in Region 4 by the amount that the centers charged

for full-time preschool care. Only 13% of subsidized children attending centers in Region 4 went to centers charging at or below the DSHS maximum rate for preschool (\$583); fully 87% of subsidized children in centers went to centers that charged more than the DSHS rates. Indeed, half of all subsidized children went to centers charging \$651 or more for preschool, almost \$70 per month above the DSHS maximum rate. Comparing the information in Figure 1 to that in Figure 2, it appears that families using subsidies have access to approximately the same range of providers as those used by families not using subsidies.

**Figure 1: Percent of Subsidized Children in Centers
by Monthly Charge for Full-Time Preschool Care, Region 4**



**Figure 2: Percent of All Children in Centers
by Monthly Charge for Full-Time Preschool Care, Region 4**



Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

(All facts included in the earlier section)

If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

The payment rates reflect rates for center-based and family child care. Washington State does not license group homes. In-home / relative care is exempt from licensing requirements, and is available to all subsidy families throughout the State of Washington. The payment rate for in-home / relative care is \$2.06 per hour for the first child and \$1.03 for each additional child from the same family.

Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☒ Yes. If yes, describe:

Tiered Reimbursement Pilot Project

The Spokane child care community, with technical and financial support from DCCEL, began a pilot project January 23, 2004. This three-year pilot provides financial incentives to licensed child care providers in the project. The project's purpose is to enhance the quality of child care services. Eligible providers must be working towards, or maintaining, their professional accreditation with the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care (NAFCC). Providers must also maintain a minimum enrollment of 25% of DSHS subsidized children. A community organization, Health Improvement Partnership (HIP) of Spokane is contracted to pay bonuses to licensed providers, based on DSHS subsidy payments according to the tier level of the provider. HIP will also facilitate the development of a program evaluation.

This pilot project builds upon the Spokane child care community's work that supports licensed child care providers working towards accreditation. Both HIP and the United Way of Spokane have taken on leadership roles in this project. The community's contribution to this pilot project includes:

making scholarship funds available for CDA or AA degrees,
providing financial assistance for tuition and/or facility improvements required by accreditation,
providing technical assistance for reaching accreditation standards, and
offering support groups, mentoring and training focused on quality and accreditation.

DCCEL's contribution is to provide the funds for quarterly bonuses based on the amount of DSHS subsidized child care payments. Providers participating in the pilot who are accepted into an accreditation program receive a 5% bonus; those who become accredited receive a 9% bonus in addition to their DSHS payments. DCCEL also assists with accreditation fees. This three-year project will include an evaluation component to assess the impact of these activities on the quality of child care provided.

☐ No

3.3 Eligibility Criteria for Child Care

3.3.1 Complete column (a) and (b) in the matrix below. Complete Column (c) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

			IF APPLICABLE	
Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]

STATE PLAN FOR CCDF SERVICES
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1	2912	2,475	1,596	54.8
2	3808	3,237	2,138	56.1
3	4704	3,999	2,682	57
4	5600	4,760	3,226	57.6
5	6496	5,522	3,768	58

If the Lead Agency does not use the SMI from the most current year, indicate the year used:

Washington State calculates a state median income for each calendar year. The method uses the median income for a family of four for the federal fiscal year published by ACF. It then adjusts upward for inflation to compensate for the three-month difference between fiscal and calendar years.

If applicable, the date on which the eligibility limits detailed in column (b) became or will become effective: **N/A. Column C became effective on 4/1/05.**

- 3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as **Attachment #9.** (§§98.16(g)(5), 98.20(b))

According to Washington Administrative Code [388-290-0060](#) “Income” means any appreciable gain in real or personal property (cash or in-kind) received by a client during the month for which eligibility is determined, and that can be applied toward the needs of the assistance unit. (See [Attachment #10](#), definition of terms according to WAC 388-22-030.)

(See Attachment #11 WAC [388-450-0035](#) for educational benefits, [WAC 388-450-0040](#) for Native American benefits and payments, WAC [388-450-0055](#) for assistance from other agencies and organizations, and WAC [388-290-0015](#) for what makes up a family in the WCCC program).

The [Co-pay Calculation Table](#) effective April 1, 2005 is included as **Attachment #12.**

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

☐ No

3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

☐ No

☐ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is **up to the child's 19th birthday.**

☐ No

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ Yes, and the upper age is **up to the child's 19th birthday.**

☐ No

Children placed into protective custody by CA are considered "under court supervision" and may be eligible for child care services to promote the health and welfare of the child and the family with whom they reside. Payment rates for this service is based on the individual needs of the child.

WCCC eligible children, not placed out of the home, who must receive constant supervision such as "house arrest", or 24-hour monitoring, as directed by a court may be eligible for child care services to promote the health and welfare of the child and the family with whom they reside.

3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- ☒ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
☐ No

3.3.8 Does the State choose to provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

- ☒ Yes
☐ No

3.4 Priorities for Serving Children and Families

3.4.1 Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

Currently, there is not a waiting list for child care services in the State of Washington, although there is occasionally a waiting list for the Seasonal Child Care Program.

Families are considered very low income if they are at or below 82% of the Federal Poverty Level and/or receiving TANF. Documentation that a child has special needs (additional care needs while in child care) will be necessary for placement on a priority list and is also required to receive authorization for a child care subsidy. Documentation for the child's special need and additional level of care must be made by a health, mental health, education, or social service professional with at least a Master's degree, or by a registered nurse.

3.4.2 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Under Washington State's welfare reform "Workfirst" legislation, an integrated child care subsidy program, Working Connections Child Care, went into effect July 1997. Child care services are administered by the Washington State Department of Social and Health Services, Economic Services Administration, Division of Child Care and Early Learning.

Income-eligible families who participate in an approvable activity and who have children under 13, or under 19 if a special needs child, are eligible for subsidized child care services with a co-payment, within available funding. Preference is no longer given to families due to TANF status. The goal is to support employment for eligible families with lower incomes, regardless of their source of income. Approximately 91% of CCDF funds are spent on child care subsidies for this population. These services are delivered through Community Services Offices (CSOs) also known as Customer Service Centers (CSC). The parent makes the monthly co-payment directly to the provider.

TANF families who are awaiting approval of TANF eligibility who are ready for immediate job search may be authorized child care benefits while their application is pending. These families complete a child care application and have the qualified provider of their choice complete the provider information form. Child care can be authorized during the TANF application approval process. If found to be ineligible for TANF, child care benefits stop.

Families receiving Basic Food Stamp benefits who are required to participate in Food Stamp Employment and Training activities (FS E&T), are eligible for child care for work activities if they complete the WCCC application and meet the FS E&T Program requirements.

Protective Services Child Care is provided through DSHS, Children's Administration.

3.4.3 Does the Lead Agency maintain a waiting list?

- ☐ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- ☒ No. If no, does the Lead Agency serve all eligible families that apply?
- ☒ Yes
- ☐ No

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

**When funding issues have arisen, we have:
made adjustments to the income eligibility level (i.e., decreased the eligibility level from 225% FPL to 200% FPL)
Increased family co-payments, and
Discontinued "add-on" benefits such as the non-standard hour bonus**

3.5 Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment #12**.

The attached fee scale was or will be effective as of **April 1, 2005**.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☒ Yes, and the following describes any additional factors that will be used:
- ☐ No

Co-payments may be waived on a case-by-case basis for children in protective services within Children's Administration Child Care Subsidy programs

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒

Yes

☐

No, and other scale(s) and their effective date(s) are provided as Attachment ____.

The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$1,341.

(See Attachment #12, [Federal Poverty Level Chart 2005](#))

The Lead Agency must elect ONE of these options:

☐

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

☐

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☒

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

Protective Services Child Care is provided through DSHS, Children's Administration. All children receiving child care through Children's Administration are receiving protective services. Co-payments may be waived on a case-by-case basis. No co-pay is assessed for children in protective services and placed outside their home (or who are in out of home care).

3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

☒

Yes. Please describe:

☐

No.

Child Care providers who accept children authorized for subsidized child care are prohibited from charging families the difference between the subsidy rate and the provider's rate for the normal daily child care. Providers may charge subsidized parents for additional services such as care for non-approved activities (shopping, movies, etc.), optional enrichment programs, optional lunch program, care for a child picked up after normal operating hours, or late fees for a co-payment paid past the agreed upon date. (See Attachment #13, [Child Care Subsidies/A booklet for Licensed and Certified Providers](#) (DSHS 22-877(X) (Rev. 1/01)).

3.5.5 The following is an explanation of how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

In April 2003 Washington State changed its co-pay schedule, increasing co-pays for all families except those in the lowest income category by \$25 dollars. Co-pays for families with incomes below 83% FPL were maintained at \$15 per family per month. All families with incomes below 164% FPL have co-pays of less than 10% of countable income. Indeed, almost all families with incomes below 137.5% FPL have co-pays below 5% of countable income. Eligibility for child care subsidies is cut-off at 200% FPL at which point co-pays amount to about 15% of a family's countable income.

PART 4 PROCESSES WITH PARENTS

Application Process / Parental Choice

- 4.1.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

How parents are informed of the availability of child care services and about child care options

Where/how applications are made

Who makes the eligibility determination

How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4

Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs

Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Parents receive information about the subsidy programs (and other child care subsidies available through a continuum of services) through their local DSHS office, child care resource and referral agency, child care provider, assigned Division of Child and Family Services Social Worker, Seasonal Child Care contractors, or other community agencies. Posters and brochures are available in six languages on the Internet to download that publicize the availability of these services.

- 4.1.2 The following is a detailed description of how the State ensures that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

Parents are generally informed of the full range of child care options during their first contact with DSHS and its' partners (during WorkFirst Orientation, WorkFirst Job Search, and again during the child care application process). DSHS staff and partners do not make recommendations to specific child care providers, they only inform the client of the types of providers who can receive subsidy payments. This list of approvable providers can be found in rule, pamphlets, and on forms sent to the client. To find specific providers, the client is referred to the local Child Care Resource and Referral agency. The CCR&R is contracted by the state to provide any parent calling a non-preferential list of available providers. If the provider has given the information to the CCR&R, the client may get additional information such as if the provider is open

weekends, evenings, or has a special preschool program or other specialized child enrichment programs. Additional licensing information is available through the [Licensed Child Care Information](#) line (1-866-48-CHECK). Public access to approvable provider information, when using subsidies, is available through the Division of Child Care and Early Learning website: <http://www1.dshs.wa.gov/esa/dccel/>. (See Attachment #14, [Child Care Subsidies and Early Childhood Education Options in Washington State](#) (DSHS 15-516(X)12/02).

Applicants requesting child care benefits can apply on-line, over the phone, or in person. The WCCC program has a standard application used statewide for both TANF and Non-TANF applicants. As part of the application, the provider information form is taken to the provider of choice by the parent, and completed by the provider indicating the provider's availability and cost of care. Based on the completed application and verified income, Community Service Division (CSD) staff, or contractor (in the case of Seasonal Child Care) determine eligibility and calculate the family's co-payment as it applies. The award letter is generated to the parent stating the eligibility period, the monthly co-payment amount, and the activity covered by the child care. The parent may take this form to the provider of choice as an assurance of the family's eligibility. A computerized letter generated by the DSHS payment system serves as written authorization to the provider. Authorizations are for a maximum of six months. All families have eligibility and co-payments are reviewed in accordance with the Department's written requirements.

Applications for Working Connections Child Care services are made through local DSHS offices, following the process stated above. A voucher system is used which authorizes care to the provider of the parents' choice. Once the authorization is entered into the payment system, the provider (or parent in the case of in-home care) receives an invoice at the end of each month for verification of services and signature. This is returned to DSHS, Social Service Payment System (SSPS), triggering issuance of a check by the 10th of the month. A family who receives TANF benefits is informed about the exception to individual penalties associated with a work requirement, described in 4.4, by the client's WorkFirst case managers when they develop the client's Individual Responsibility Plan. See Attachment #15 [WCCC Application](#), (DSHS 14-417Rev. 07/2004) and [WCCC Award/Change Letter](#) (DSHS 07-066 (Rev. 8/2004) and 07-066A Rev 8/2004).

Applications for the Seasonal Child Care program are made through contracted agencies. These contractors authorize services based on eligibility criteria that are established by DSHS, performing a similar process as described above. Parents select their choice of a licensed or certified provider. The authorization is entered into the DSHS Social Service Payment system, which issues the check directly to the provider upon receipt of their signed verification of services provided. Attachment #16 [Seasonal Agricultural Workers! Do you work in fields, orchards or packing sheds?](#) (DSHS 22-330)(X) Rev. (5/02)

Applications for ECEAP services are available through the local DSHS office. Parents are notified of their opportunity to access ECEAP services if they are income eligible. If

they are in need of full-day child care, they may also access the WCCC program. WCCC eligibility requirements and rules take precedence when a family has a child enrolled in a “blended HeadStart/ECEAP site” (one that is also a licensed child care center or home). The family must meet WCCC income guidelines and the provider must be licensed or certified. The amount of care authorized is based on the parent and child’s schedule (no longer than six months). The families on-going eligibility is based on WCCC criteria. All WCCC children are authorized a full day of care when the need is for five (5) hours or more a day or one hundred ten (110) hours or more a month.

Children’s Administration has a distinct service system that bases all services on the health and safety of the child. The Services are provided through the implementation of an Individual Service and Safety Plan (ISSP). The ISSP outlines what services will be provided to support the child’s health and safety. The child’s assigned social worker is responsible for each child’s plan. Child care is an identified service by the social worker when needed for the health or safety of the child.

The Community Services Division (CSD), in response to client request for phone access to workers and an ability to complete transactions or receive information without going into an office, created Customer Service Centers in all six regions of the state. Three models currently exist: 1) virtual: staff are in the local Community Service Offices (CSO) and connected by phone; 2) centralized: staff are in one regional site; 3) CSO based: staff are in the CSO. Customer Service Centers are designed to simplify the process of accessing services. Customers can call their local call center to learn about all available CSD services, get child care services and/or medical assistance, and report changes for all programs. Customer satisfaction surveys will be used to assess service delivery.

The e-Child Care project is in the proposal development state, if funding is made available it will leverage today’s advanced technologies to simplify processes like enrollment, attendance tracking, and payment processing for the child care subsidy program. The project supports DSHS’ ability to subsidize and ensure quality child care services by applying automation that streamlines business processes for WCCC and child care providers. The project impacts three business processes:

Public Access - Enrollment and authorization component

An interactive Internet component, so parents may apply for child care subsidies and providers may verify the application or payment status of children in their care.

Client Record Management – Processing component

The case management component will streamline according to the needs of child care authorizing workers. We’re working towards interfacing vital data to compliment case tracking and audits.

Payment Process - Attendance-tracking and Payment components

WCCC payments to child care providers are based upon children’s actual attendance. The project is working to help child care providers track and report children’s attendance

using an automated modern approach. The e-Child Care project is working on new subsidy payment capabilities such as:

Allowing workers to easily change and correct the payment information;

Making payment to providers more frequently; and

Making payment that accurately reflects the child care provided.

Records of Parental Complaints

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

DSHS maintains a record of complaints (from parents and others) in DSHS/ Children's Administration's (CA) automated Case and Management Information System (CAMIS). Complaints are received, categorized, and forwarded by CA Intake staff to be investigated by the DCCEL licensor or Child Protection Services (CPS) investigators, as appropriate. The outcome of licensing and/or CPS investigations is entered into CAMIS, as "founded", "unfounded" or "inconclusive" (CPS allegations) or "valid", "invalid", or "inconclusive" (licensing allegations). Complaint outcome information is available to parents and the public on request by telephoning DCCEL's Licensed Child Care Information line, or the facility's licensor. Parents and the public can also request public disclosure of licensing files to obtain written information. This includes information about complaint receipt and outcomes.

The [Licensed Child Care Information](#) line (1-866-48-CHECK) is available for parents who want to gain information about the licensed status of their child care provider. Basic information is provided about capacity, ages of children served, and the length of time a provider has been licensed. Parents can also obtain information on whether a home or center has been revoked or suspended or is in summary suspension, as well as if the home or center has any "founded" Children's Protective Services complaints.

A child care complaint brochure is available that explains what happens when child care complaints are registered with the Children's Administration Intake office and how decisions are made to determine if the complaint is investigated by CPS or DCCEL. This brochure explains the investigation process and the follow up procedures conducted after the investigation is completed. (See Attachment #17, *(Child Care Complaint Process-What happens when there is a complaint about a Child Care Home or Center? DSHS 22-159(X)(Rev.4/04)*).

A new WAC ([388-295-7040](#)) became effective August 2003, requiring child providers to make licensing information available on site for parents to review. This includes copies of the most recent child care center checklist for licensing renewal, the most recent child care center monitoring checklist, and facility licensing compliance agreements for any deficiencies noted.

Unlimited Access to Children in Child Care Settings

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31)

Written in the Washington State Code WAC [388-295-6050\(1\)\(a\)](#), [WAC 388-296-0500\(5\)](#) and WAC [388-151-170\(2\)\(o\)](#) is the following directive to each child day care center, family home licensee, and school-age care:

“The licensee shall give the parent the following written policy and procedure information: Permission for free access by the child’s parent to all center (home) areas used by the child.”

This information is found in the booklets that are given to child care providers: [Minimum Licensing Requirements](#) for Child Day Care Centers, Child Care Business Regulations ([Minimum Licensing Requirements](#)) for Family Child Day Care Homes, and [Minimum Licensing Requirements](#) for Child Day Care Centers Caring Exclusively for School-Age Children.

Note: An exemption to parents having unlimited access to their children while in child care with a provider who receives CCDF funds is necessary for children in protective services. Many of the children in protective services have court orders outlining parental contact. These court orders would supersede the need for providers who receive CCDF funds to allow parents unlimited access to their children when the children are receiving protective services child care.

Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Washington **State Department of Social and Health Services**.

"appropriate child care":

Means licensed, certified or approved under state laws and regulations that apply to the type of child care you use, and that you may make your own choice among child care options that are available in your area.

"reasonable distance":

Means that you can reach the child care site without travel that exceeds normal expectations in your community.

"unsuitability of informal child care":

By implication, anything that is not allowable as a reimbursable child care option as defined in WAC [388-290-0125](#) would constitute unsuitable informal child care and cannot be reimbursed with CCDF funding.

"affordable child care arrangements":

Means at or below your share of the child care costs ("co-payment") calculated by the Working Connections Child Care Program.

PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Earmarks and Set-Asides

5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities. For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds.

Infants and toddlers:

The following areas of activity seek to improve the quality of care for infants and toddlers:

Child Care Nurse Consultants: Through a contract with the Department of Health, local health jurisdictions receive funding for 13 full-time equivalent child care nurse consultants across the state with expertise in promoting the health safety and social emotional development of infants and toddlers in licensed child care facilities. Many counties supplement the CCDF funds and have additional nurse consultants. There are 34 Nurse Consultants statewide. In addition, these child care nurse consultants have received special infant/toddler and early childhood social/emotional curriculum

training. The training was provided by the University of Washington Infant Mental Health program. The target population for receiving services under the infant toddler earmark is children ages 0-36 months.

Healthy Child Care Washington: The state Department of Health provides on-going training and technical assistance to child care nurse consultants located in local health jurisdictions. The nurse consultants, in turn support child care providers who serve infants and toddlers in promoting best practice health and safety standards in licensed child care facilities.

Child Care Provider Training and Technical Assistance: The Division will continue to contract for the development and delivery of training focused on infant/toddler caregiving and/or technical assistance for providers of children 0-36 months of age.

Resource and referral services:

Child Care Resource and Referral (R&R) services have been mandated by Washington State law since 1993 under RCW 74.13.0903. Child care resource and referral agencies provide licensed child care referrals, needs assessments, resource development, provider training, technical assistance, and parent training and outreach. In addition, the law mandated the creation of a statewide network, to improve the quantity and quality of child care available in Washington State by fostering statewide strategies, and generating and nurturing effective public-private partnerships. The statewide R&R network also provides training, creates standards of service, and provides general technical assistance to the 18 locally based child care resource and referral programs. In 2005, the R&R network is coordinating regional cross trainings for Child Care Licensors, Licensing Health Specialists, Child Care Health Consultants and R&R staff.

During calendar year 2004, the R&R agencies across the state responded to 105,554 calls from parents seeking care, providers seeking technical assistance and community and business leaders seeking resources. In addition, the R&R agencies offered 996 trainings of one or more hours in length to early care and education professionals across the state.

School-age child care:

The Division of Child Care and Early Learning contracts with [School's Out Washington](#) to improve the quality and expand capacity for school-age children and youth in Washington State. School's Out Washington coordinates the Washington Regional Action Project (WRAP) network in the six regions of the state to develop a regional system of care and support for school-age children and their families. In addition, School's Out Washington leverages public dollars with grants from private foundations to perform the following:

Provide training and technical assistance to school-age programs via telephone, site visits, a quarterly newsletter and resource library;
Sponsor and plan an annual statewide professional development event;

**Educate and engage communities through participation in local, regional and statewide groups; and
Provide funding to local out-of-school time programs to meet or maintain licensing requirements.**

School's Out Washington's status report for 2005, entitled *Afterschool In Washington: A Smart, Strategic Investment*, makes the following outcome-based recommendations based on research:

**Increase the capacity of programs that serve school age children
Increase the quality of programs that support school success through training and professional development opportunities
Support statewide afterschool intermediary organizations
Increase public awareness about the importance and benefits of afterschool programs. (See Attachment #18, *Afterschool in Washington: A Smart, Strategic Investment*)**

Quality

- **STARS (Washington State Training System) refers to the mandatory, minimum training requirements for licensed child care providers. Required training includes 20 hours of basic training and 10 hours annually of continuing education. The STARS program includes a registry and database, approval of training content, approval of trainers and evaluation of training effectiveness. Scholarships are available to providers. Financial support is available to STARS approved conferences. DCCEL contracts with WAEYC to manage the STARS program.**

Each year thereafter, mandatory participants must complete ten clock hours or one college credit of approved training. Scholarships are available. Provider training records, trainer profiles and training information are recorded in the STARS registry (a web based database that can be accessed by providers, trainers, licensor and the general public).

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 9,300,000(4%)

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes No

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

Comprehensive consumer education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

COMPREHENSIVE CONSUMER EDUCATION:

Choosing Child Care is a Consumer Guide for Parents: This booklet aims to help parents become better consumers with a detailed explanation of the choices available, guidance to staffing, help with child care costs, and a checklist for making wise child care choices. The booklet is available on-line. (See Attachment 19. b., *Choosing Child Care: A Consumer Guide for Parents*, DSHS 22-516(X) (Rev. 10/98).

You Have a Choice tabloid developed by the lead agency Division of Child Care and Early Learning (DCCEL). This newsprint tabloid was published for parents and concerned parties who need advice about choosing child care. The publication summarizes the state's role in regulating child care and gives parents and other tips for choosing quality child care. The tabloid also outlines brain development information and gives advice to stimulate a child's learning. It is available free of charge to non-profit organizations and other government agencies for distribution to their clients and the general public. Interested organizations order the tabloid online through the state Department of Printing. (See Attachment #19.a.)

The Licensed Child Care Information System is maintained by the lead agency, DCCEL.

This system includes a toll-free phone line (1-866-48-CHECK) and an interactive web page for parents to access licensing information about a child care home or center. The staffed toll-free number creates a simple process for parents to call one central, statewide number to gain licensing information such as:

- a) If a child care provider is licensed;
- b) Any licensing complaints (their nature, investigation, and outcome);

Basic information about the provider (capacity, ages of children served, and the length of time a provider has been licensed.

A parent who uses the toll-free number to seek a new child care provider is transferred to the Washington State Child Care Resource and Referral Network. If the parent wishes to report a licensing violation, the call is answered by the DSHS Referral Line and the caller is directed to a Child Protective Services intake worker. If the parent wishes to obtain more specific information regarding their child care provider, the caller is directed to the appropriate licensor.

The Child Care Resource and Referral statewide system offers consumer education around choosing quality child care. Parents and other interested parties access information from the R&R. In addition, the WA State Child Care Resource & Referral Network hosts a toll-free number consumer education hotline and an award winning web site which offers access to a wealth of information to parents, child care providers, employers and other interested parties 24 hours a day.

Parents can get the contact information for their local child care resource & referral.

They can also get information on choosing a child care provider, where to access financial assistance, licensing information, in-home child care, and how to become a child care provider. Parents can also learn how to register complaints, and access parenting and health resources.

Employers can access a site specifically geared to help the small or large company integrate Work/Life options in their companies. This site explains why work/family practices would benefit their company and what it takes to make a work/life program successful. It offers a business self-assessment tool to determine the benefit resources of the company, an employee assessment tool to garner the needs of the employees, a cost benefit analysis to show an employer how much is being lost by not having work/family programs, a comprehensive list of types of programs that can be offered in all businesses, and ideas specifically tailored for small businesses.

Child Care Supply and Demand Data is offered on a statewide and county level. Annual and quarterly reports detail the child care referral statistics that the Network has compiled from local R&R agencies. Information includes trends in referred age groups and other data relevant to the child care system in Washington State.

DCCEL's website (<http://www.dshs.wa.gov/esa/dccel>) provides:

Information relating to child care homes and centers, statewide child care programs, available publications, resources, and contract opportunities.

Information on finding a child care provider, getting information about a current provider, and handling concerns about their child's care are available for parents. They can also access information related to child care and early development.

Information on child care subsidies billing practices and policies, facility financing, and professional development information is available to providers.

Policy relating to licensing child care facilities, including the WAC and Minimum Licensing Requirements for Child Care Centers, Family Child Care Homes, and School Age Child Care Centers. The WCCC WAC and manual are also posted on site.

Research data and statistics are posted in monthly updates, providing information on subsidy payments and services provided. Fact sheets regarding child care in Washington State and related federal reports are also provided.

Additional information is accessible through an extensive publication page, which offers booklets, brochures, reports and periodicals, and research and data in PDF format.

Tribal State Child Care Work Group consists of tribal child care directors, the Region X Tribal Specialist, and the DCCEL tribal liaisons. This group meets to share information, learn about new programs, identify problem issues, prioritize group needs and facilitate cooperation and collaboration.

GRANTS OR LOANS TO PROVIDERS TO ASSIST IN MEETING STATE AND LOCAL STANDARDS:

Department of Community, Trade and Economic Development (DCTED): CCDF funds are used to support the **Child Care Advantages** program. Child Care Advantages provides technical assistance, grants and low interest loan assistance to child care providers, and to businesses to develop child care facilities for their employees' children. Facilities are encouraged to include a reasonable number of children whose costs of care are subsidized by government.

DCCEL contracts with the state's DCTED to manage a statewide **Child Care Facility Fund (CCFF)** that provides low interest loans and grants to employers and to child care providers interested in opening a new child care center or expanding an existing one. The CCFF program has facilitated the expansion of childcare businesses and employer-supported child care facilities, by increasing the quality and availability of licensed child care centers in Washington State, and provided technical assistance to individuals seeking to become child care providers.

DCCEL contracted with DCTED from 1999-2003 to manage a **Child Care Micro Loan program**. This program distributed over \$1,000,000 to five lending institutions. This is a revolving fund through which the lenders continue to re-lend these funds to provide small, below market rate loans to child care providers to help them start or expand

their businesses. The Loan Funds can be used for start-up costs, resolving compliance issues, and improvements to an existing child care facility, which can include new play equipment, business supplies, etc. The program continues to be successful and generates revolving dollars to re-lend.

MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS:

During the 03-05 plan period the Division has taken several steps to improve licensing. DCCEL increased the number of licensors with the intention of creating manageable caseloads. The Division also put in place performance targets and increased data gathering and reporting for licensing.

Washington State requires licensing, including on-site inspections, of child care centers and homes except for entities exempt from licensing by statute (American Indian Tribal facilities on a federally recognized Indian Reservation, military facilities, preschools, local government facilities). Centers and homes are required to renew their licenses every three years. Child care centers receive unannounced annual monitoring visits and family child care homes receive an unannounced interim monitoring visit within the three year licensing cycle. During the initial licensing period, licensors may make pre-license and feasibility visits to help licensees meet regulatory requirements. When licensees are issued a probationary license, licensors make frequent visits to ensure compliance with the probationary agreement. DCCEL Health Specialists inspect child care centers to determine compliance with health and safety regulations; and provide technical assistance to providers. These visits are conducted upon initial licensure and again before full licensure is granted.

Licensing complaints are usually investigated with unannounced site visits. A corrective action plan is developed to bring the provider into compliance. It can also include a probationary license, civil penalty, license revocation or suspension.

Since March, 2005, DCCEL staff have been attending at least one child care provider meeting per month. The focus of all meetings has been to address concerns and answer questions regarding child care licensing policy and practice. Meetings have been held in Bellingham, LaConnor, Mt. Vernon, Pasco, Seattle, and Spokane. The meetings in Pasco and Mt. Vernon were in Spanish. These meetings are generally organized by a local family home child care association or the Service Employees' International Union. The purpose of these meetings is to listen to provider concerns, inform providers about upcoming DCCEL initiatives or initiatives in process designed to address many of these concerns, provide information and referral services, if necessary speak with individual providers to troubleshoot more deep-seated issues, and in general increase the public visibility of DCCEL staff. In addition to headquarters staff, a local licensing supervisor is always present at these meetings. The purpose of this is not only to allow local supervisors to address specific local concerns, but to convey the message that we encourage providers to attempt to resolve their concerns locally whenever possible.

Background checks are performed on all child care providers, assistants and volunteers of licensed child care centers and on providers and members of family child care households

(sixteen years of age or older) who have unsupervised or regular access to children in care. The Division has undertaken a process to speed up the turn-around time for background checks. Division staff working with the background check unit developed a computerized process to take the place of mailing, faxing and hand entry of data. In pilot counties, the process has worked very well. This technology has recently been instituted state-wide.

DCCEL contracts CCDF funds with the State Fire Marshal to conduct fire safety inspections in child care centers and to provide training and consultation for DCCEL licensors.

DCCEL developed a Licensor Training and Mentoring Program in keeping with national research that indicates quality child care begins with well-trained licensors. The program goal is to increase consistency in licensing practice, regulation enforcement and interpretation of licensing requirements.

DCCEL formed a Staff Development Team which created Individual Staff Development Assessment and Plans and has identified Competencies and Skills for the following positions: Licensing Supervisor, Child Care Center Licensor, Health Specialist, Family Child Care Licensor and Clerical Support Staff.

The child care center and family child care licensor training is based on identified competencies and skills. The Staff Development Team identified the skills for “Core Licensor Training” as those needed within the first six months of employment and developed Core Licensor Training and Mentoring Modules: Job Basics, Licensing Tools, Computer Skills, Licensing Process, Complaint Process, Evaluating/Assessing Child Care Programs and Environments, Ethics, Provider Orientation. As a result of the Licensing Practice Improvement Project, and feedback from licensors and their supervisors, the training modules developed include Complaint Process, “How to Conduct an Investigation”, “Interviewing” and “CAMIS Complaint Module”. All licensing staff completed these modules by November 2004. Other modules are being offered as determined in consultation with licensing field management.

PROFESSIONAL DEVELOPMENT, INCLUDING TRAINING, EDUCATION AND TECHNICAL ASSISTANCE:

Washington’s professional development and education system flows across a continuum of provider/workforce experiences, as well as across all communities in our state. Child care providers and early learning teachers have a wide range of professional skills and preparations (e.g. high school diploma, community-based training, CDA, A.A., B.A. or Master’s degree). Also, the professional development and educational opportunities look different in every community. However, in Washington State, we work to make our professional development and education system inclusive of all skills, preparation and experiences, and across all communities.

The Division sees the professional development system as one of the most critical elements to increasing the quality of the child care system. Many quality efforts hinge on a strong professional development system. Division staff and our partners will undertake many

efforts to improve our system of professional development during the plan period. Among our many planned activities are professional development planning, continuing re-design and improvement of our provider registry system (STARS), and support for on-going discussions of creating a seamless system between formal education and the less formal training system.

Washington plans to embark upon and continue the following efforts in the plan period:

One key to successful implementation of the Washington State Early Learning and Development Benchmarks will be infusing the concepts of the benchmarks into curriculum and training. The Benchmarks cover the domains of development including: social/emotional development; physical well-being, health, and motor development; approaches toward learning; cognition and general knowledge; and language, communication, and literacy. The Division will look to opportunities to fund curriculum development and training to support providers in understanding what children should know and be able to do in these areas and to incorporate that knowledge into practice.

Supporting children's social and emotional development is critical in the early years. In 2004, DCCEL partnered with Comprehensive Health Education Foundation (C.H.E.F.) to deliver training in *Calming Ourselves in Stressful Moments*™ to early child care professionals statewide. This educational program helps early childhood caregivers and teachers – and the families with whom they work – respond effectively to preschool-aged children when they are stressed and guide them towards managing stress. DCCEL will pursue ways to continue supporting providers in meeting the social and emotional needs of children through provider training and parent education.

STARS (Washington State Training System) refers to the mandatory, minimum training requirements for licensed child care providers. Required training includes 20 hours of basic training and 10 hours annually of continuing education. The STARS program includes a registry and database, approval of training content, approval of trainers and evaluation of training effectiveness. Scholarships are available to providers. Financial support is available to STARS approved conferences. DCCEL contracts with WAEYC to manage the STARS program.

Each year thereafter, mandatory participants must complete ten clock hours or one college credit of approved training. Scholarships are available. Provider training records, trainer profiles and training information are recorded in the STARS registry (a web based database that can be accessed by providers, trainers, licenser and the general public).

DCCEL contracts with the Washington Association for the Education of Young Children to provide training to American Indian child care providers. Training is coordinated with all 29 federally recognized tribes in the state to ensure the substance of training meets their needs and training sites are easily accessible to all child care staff in American Indian facilities statewide.

Washington Association for the Education of Young Children (WAEYC) offers the Training Resources and Interactive Network Project (TRAIN)

<http://www.waeyc.org/web%20page/professional%20development/TRAIN.html>

TRAIN develops trainer communication, network and support systems, and distributes research and best practices related to early learning. Activities include development of a database of trainers, establishment of a listserv to provide near-immediate information, facilitation of monthly trainer conference calls, production and distribution of a trainers' newsletter, planning and implementing a trainers' "path" at a minimum of one statewide convention. This effort will also develop a comprehensive database (and web-based calendar) of workshops and conferences across the state to increase collaboration, identify gaps and duplication, and allow caregivers to access the full range of educational opportunities available to them. This will serve all of Washington.

DCCEL Trainers provide training for licensing staff and child care providers. DCCEL's training program for licensing staff is designed to develop skills in assessing the compliance of licensed child care facilities with regulatory requirements. This will improve compliance monitoring by increasing consistency in licensing practice, regulation enforcement and interpretation of licensing requirements.

Healthy Child Care Washington (HCCW) is a program of the Washington State Department of Health committed to improving the quality of child care through promoting and integrating quality health and safety practices in child care and early childhood programs. HCCW focuses some of their work toward child care providers who care for infants, toddlers and children with special needs.

With their partners, HCCW develops policies, practices and programs that promote and enhance health and safety in child care and early childhood programs. Activities of HCCW include:

Coordination of a statewide Child Care Health Consultation system with consultants in each local public health department.

Training and consultation for child care providers and parents that promotes safe, healthy child care environments for all children;

Specific/tailored health and safety, and social and emotional child development training and consultation for child care providers who care for infants, toddlers and children with special needs.

- School's Out Washington provides services and guidance for organizations to ensure that all young people have safe places to go when they are not in school. School's Out works to build community systems that support quality out-of-school time programs for Washington's 5-14 year olds through training, advocacy and leadership. School's Out Washington provides the leadership for The Washington Regional Action Project (WRAP). This is a collaborative partnership to increase the quality and availability of programs for school-age children and youth in Washington State. School's Out Washington works with five other organizations to link communities with resources, including CCDF funds. They provide professional development opportunities for

program staff. They also work to broaden involvement in planning for regional school age youth services and building a system of out-of-school time care.

- **Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood ®**
Washington is a program that gives scholarships and support to child care workers to help them complete professional certificate or college degree programs in early childhood education and to increase their compensation. T.E.A.C.H. is implemented through the Washington State Child Care Resource and Referral Network with support from the Foundation for Early Learning, the City of Seattle, and the Paul G. Allen Charitable Foundation and with CCDF funds through DCCEL. T.E.A.C.H. is designed to meet the specific needs of three distinct segments of the child care provider population:
 - Full-time child care center classroom teachers, school age care providers and family child care assistants;
 - Part-time school age care providers working between 15-29 hours per week; and
 - Family child care providers -- the self-employed individuals who are licensed by the State to care for 6-12 children in the caregiver's home.

There are many complicated nuances to these models. There are two models for each of the first two categories and only one model for the third. The only difference between the two models offered for full time child care center classroom teachers and part time school age providers is in the bonus method the sponsoring program chooses. Model I calls for the sponsoring program to provide the T.E.A.C.H participant with a 1.5% raise upon completion of their contract. Model II calls for the sponsoring program to pay a set dollar amount as a one-time bonus upon completion of the contract. There is only one family child care provider model because, being self-employed, there is no "sponsoring program" to commit to the raise or bonus.

The Washington Association of Educators of Personnel in Early Childhood Programs (WAEPECP): The higher education system (Community and Technical Colleges and 4-year colleges) in Washington State is dedicated to educating professionals in the field of early childhood education. The faculties of the Early Childhood Programs in the Community and Technical Colleges, as well as in the State Universities, meet regularly in an effort to coordinate program offerings and to support articulation between institutions. Members of WAEPECP have worked collaboratively to develop State Skill Standards for early childhood personnel being educated at the college level. They continue to collaborate on training grants, apprenticeship programs and alignment of requirements to ease transferability for students.

WAEPEC is also working statewide to develop a career ladder for professionals in Early Childhood Education. Currently, people can begin with the course work for the STARS requirements, move on into the performance based Child Development Associate Credential, then to a one-year Certificate in ECE, a variety of Associate Degrees, a Bachelors Degree, a Masters Degree and finally, a Doctorate Degree.

Community and Technical colleges and State Universities (in partnership with the Head Start-State Collaboration Office) have developed a common statewide Associate of

Applied Science degree (AAS-T) that has been widely accepted. Additional efforts are under way to develop articulation agreements with public and private four-year institutions. This new AAS-T Degree will provide the critical content ECE professionals working in the field need and will secure transfer opportunities between two-year colleges and four-year institutions.

The Washington State Child Care Resource & Referral Network has several training, professional development and educational opportunities for child care providers. In addition to implementing the T.E.A.C.H. program, the Network offers the following:

Building Blocks - Local child care resource and referral agencies (R&R's) offer this 20-hour, STARS-approved high-quality, relevant and practical training and mentoring to new or prospective family child care providers. The training is also available through the local R&Rs for center workers.

Community-Based Trainings – The local R&Rs offer a wide variety of group and on-site trainings that are designed to meet the educational and training needs of the caregivers. All trainings offered by the R&Rs are STARS approved and address specific core competencies and best practice.

Leadership Training - In 2005-2006 DCCCEL is partnering with the Governor's Head Start-State Collaboration Office, Washington State Training Consortium, WAAYC, The Foundation for Early Learning, and WSRRN to sponsor a Collaborative Leadership Institute for early learning, care and after school programs. The institute is a high quality leadership development experience for new and emerging leaders in the early learning and care field and offers a ten month in-depth balanced experience of both on-site and distance learning opportunities. A cohort of growing leaders from the Early Care & Learning and After School fields will work as teams to apply practical knowledge in their own organizations to develop a multi-disciplinary community perspective. The goal of the Institute is a renewed and lasting network of leaders prepared to advance innovative approaches that benefit children and families in our state.

IMPROVING SALARIES AND OTHER COMPENSATION FOR CHILD CARE PROVIDERS:

The Division has been a partner in the public/private funding of the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood ® Washington. The Washington State Child Care Resource & Referral Network administers T.E.A.C.H. and receives funding from the lead agency as well as other public and private entities. The Division will continue to support T.E.A.C.H. and/or a Washington State model.

T.E.A.C.H. provides scholarships to eligible child care providers who are interested in attaining a CDA, ECE Certificate or an AA degree in early childhood education. This program links training, compensation and commitment to improve the quality of early childhood. Expenses are shared by the recipient, the sponsoring child care center or family child care provider and T.E.A.C.H. Scholarship money covers the largest

portion of tuition and books costs plus allows stipends for travel and release time. A scholarship recipient must attend classes at a T.E.A.C.H. affiliated college and successfully complete 12 to 20 credits per contract year. All providers agree to pay a portion of their tuition and book costs and to remain with their facility for 12 months after their scholarship contract ends. They are eligible to receive a bonus after completion of their contracted classes.

Child Care Providers can get information about T.E.A.C.H and other available child care provider scholarships through the R&R Network's web page (www.childcarenet.org). On this website, they can also find information on loans and grants available to improve their child care facility, links to state subsidy programs, answers to business planning, a home business manual, center business manual, facility planning manual and other provider resources.

When child care providers (centers or family homes) partner with Head Start, Early Head Start and/or ECEAP (state pre-k) programs to provide full day services for children enrolled in WCCC – their salaries and compensation are increased (if they agree to meet the performance standards). Additionally, child care providers receive professional development opportunities and technical assistance from the HS/EHS and ECEAP programs to help them meet the performance standards.

Legislation put the Career and Wage Ladder into statute, although no funding was appropriated by the legislature. DCCCEL will work in collaboration with community partners to identify resources to put towards this effort.

ACTIVITIES IN SUPPORT OF EARLY LANGUAGE, LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT:

ECEAP, our state's Pre-K program, receives CCDF funds to implement educational programs focused on the development of early language, literacy and numeracy skills.

Through curriculum development and training to advance the Benchmarks the domains of Language, Literacy and Communication and Cognition and General Knowledge will be supported.

Legislation from 2005, House bill 1152, requires the Early Learning Council to propose a governance structure for early learning. This Council will consider the roles and responsibilities of agencies responsible to these areas.

A multi-agency workgroup comprised of representatives from Part C, Part B, Head Start, Early Child Education Assistance Program (State funded preschool), Even Start, child care and health is writing a comprehensive early childhood assessment manual. This manual will provide the early childhood community a common understanding of the uses of screening, evaluation and on going assessment, the various roles each early childhood community plays in this process, and resources and information for professional development.

ACTIVITIES TO PROMOTE INCLUSIVE CHILD CARE:

The state pays a higher child care subsidy rate to providers who care for children with special needs. To qualify for the higher rate, the child's special need and need for additional care must be diagnosed by a registered nurse or a health, mental health, education or social service professional with at least a Master's degree.

The [*Include Me/Guide to Inclusive Child Care*](#), (DSHS 22-486(X)(2/2001) was a coordinated effort of DCCEL, Child Care Coordinating Subcommittee on Inclusive Child Care and other entities to provide information to child care providers about caring for children with special needs and available resources. The booklet is maintained and reprinted by DSHS with CCDF funds. (See Attachment #20, *Include Me/Guide to Inclusive Child Care*, (DSHS 22-486(X)(2/01).)

DCCEL partners with ITEIP in ongoing activities to promote cross referral of child care and early intervention service systems for families of children, ages birth to three years of age who have disabilities and/or delays. DCCEL participates in the State Interagency Coordinating Council (SICC).

Child Care Health Consultants (CCHC) work daily to support children in child care settings who have special health care needs and whose parents and providers need assistance in assuring quality care for these children. This is one of many topics covered by CCHC's in their work. Training in social-emotional development is provided to CCHCs in order to support their work with these children.

In the development of the Benchmarks, Advisory Panel members were selected who had knowledge and experience regarding Children with Special Needs and inclusive child care. In the review process for the Benchmarks, a review group of knowledgeable individuals reviewed the document for bias and fairness, including looking at it through the lens of Children with Special Needs.

**HEALTHY CHILD CARE AMERICA AND OTHER HEALTH ACTIVITIES,
INCLUDING THOSE DESIGNED TO PROMOTE THE SOCIAL AND EMOTIONAL
DEVELOPMENT OF CHILDREN:**

DCCEL contracts with the [Department of Health](#) to invest CCDF Quality dollars, through Healthy Child Care Washington, to foster the link between child care and health systems statewide and to develop innovative strategies for addressing growing health and safety concerns (social/emotional, physical, cognitive and mental health) in child care environments through a partnership between local R&Rs and local public health consultants.

The Department of Health is developing an evaluation process collaboratively designed by DOH, LHJ representatives, and an evaluation consultant that includes information identified in the year end report and will be consistent with the National Evaluation of Community Integrated Service Systems (CISS) Development in Child Care Grants.

This evaluation moves from measuring capacity to measuring outcomes at four levels: systems, child care health consultants, child care providers and parents.

OTHER QUALITY ACTIVITIES THAT INCREASE PARENTAL CHOICE, AND IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE:

DCCEL contracts with School's Out Washington (SOWA) to create a statewide system with the goal of increasing the quality and availability of out-of school time care in Washington. SOWA produces and distributes newsletters to school-age care providers, coordinates forums and public awareness activities, provides quality enhancement grants and facilitates professional development opportunities.

DCCEL contracts with the Office of Superintendent of Public Instruction (OSPI) to implement the Family Child Care Quality Incentive Program. This program supports local sponsors and a targeted group of family day care home providers in providing USDA Child and Adult Care Food Program services to low-income children in child care.

State and local partners are working in King County to develop a model for a quality rating system. A preliminary five level model has been drafted. Partners will work to coordinate with the Early Learning Council, which has as part of its charge to develop a Quality Rating System.

Tiered Reimbursement Pilot Project: As described in section 3.2 of this plan

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

☒ Yes, the following entities named in this part are non-governmental:
Name: **Washington State Child Care Resource and Referral Network,
School's Out Washington, Washington Association for the
Education of Young Children**

Type: **private non-profit**

☐ No.

5.2 Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for

coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 Status of Voluntary Guidelines for Early Learning. Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- ☒ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment #21**
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment #21**
- ☐ **Revising.** A State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as Attachment _____
- ☐ **Other (describe):**

Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.

In 2004-05, a public-private effort culminated in the writing/developing of brand-new early learning guidelines. These guidelines are called the Washington State Early Learning and Development Benchmarks (Benchmarks).

The development of the Benchmarks was designed as a partnership effort between the Office of the Governor and the Office of the Superintendent of Public Instruction, and guided by a Core State Interagency Team. In February 2004, the Core Team wrote a blueprint for developing the Benchmarks. This blueprint was called a “Guide to the Formation of the Washington State Early Learning and Development Benchmarks” (see Attachment #21a) This guide delineated a developmental process for the Benchmarks structured to draw upon the considerable expertise of those who would use the Benchmarks in their work with children and families, families themselves, and those who provide support to the early care and education system. The Governor and Superintendent appointed a 35 person advisory panel to provide input on: refining the guiding principles; draft Benchmarks; formats for production; and implementation and evaluation plans. This group was also asked to serve in an “Ambassador” role for the project.

To expedite development of the Benchmarks, the Head Start-State Collaboration Office, OSPI and the Office of the Governor contracted with an outside expert entity to write the Benchmarks. After an official “Request for Qualifications” process, a team led by Sharon

Lynn Kagan at the National Center for Children and Families (NCCF) was selected to write the Benchmarks. Housed at Teachers College, Columbia University, NCCF advances the policy, education, and development of children and their families by producing and applying interdisciplinary research to improve practice and raise public awareness of issues that affect the well-being of America's children and families. NCCF's expertise and focus will be essential to the successful completion of the Benchmarks.

The responsibility of the Contractor include:

- Writing the Benchmarks;**
- Reviewing similar documents developed in other states;**
- Using research to determine the appropriateness and relevance of proposed benchmarks;**
- Reviewing standards and related documents already developed in Washington State;**
- Accessing and including relevant local and national expertise;**
- Meeting with the Advisory Panel to identify document(s) to be modified for use in this initiative;**
- Developing an initial draft of Washington Early Learning and Development Benchmarks;**
- Finalizing proposed Benchmarks based on input from the Advisory Panel and the Core Team; and**
- Acting in an advisory capacity in the publishing phase of the initiative.**

In November 2004, NCCF produced the second draft of the Benchmarks called the Preliminary Draft. This draft was unveiled at a press conference between the Governor and Superintendent, and further shared at a statewide School Readiness Summit.

In January and February 2005, the Core Team and the Advisory Panel engaged in an extensive Stakeholder Review and Input Process to improve the preliminary draft. Over a thousand people and many organizations participated in the review process of the Benchmarks. In May 2005, NCCF sent Washington State the final Benchmarks. The Core team and Advisory panel are in the process of finalizing the Benchmarks. The Benchmarks will be printed in June 2005.

The Implementation Plan for the Benchmarks includes six elements:

- Promote/Support Primary Caregiver Knowledge and Skills;**
- Promote/Support Instruction in Early Care and Education Programs;**
- Promote/Support Early Childhood Teacher/Professional Preparation;**
- Promote/Support Continuity of Learning Expectations into Elementary School;**
- Promote/Support Public Knowledge of Children's Development and Increase Public Investment; and**
- Promote/Support Statewide, Public-Private Efforts in Supporting Early Learning.**

Please see the attached Implementation plan for more information (Attachment #22)

If developed, are the guidelines aligned with K-12 content standards?

☒
☐

Yes. If yes, describe.
No.

Please attach a copy of the guidelines. If the guidelines are available on the web, provide the appropriate Web site address:

The Washington State Early Learning and Development Benchmarks (our guidelines) are aligned with our K-12 Standards (Attachment #23). Additionally, the Benchmarks have been aligned with the Head Start Child Outcomes Framework.

5.2.2 Domains of Voluntary Guidelines for Early Learning. Do the guidelines address language, literacy, pre-reading, and early math concepts?

☒ Yes
☐ No

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

☒ Yes. If yes, describe. See attached Benchmarks
☐ No

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

☒ Yes. If yes, please describe. **The Benchmarks cover birth through school entry.**
☐ No

5.2.3 Implementation of Voluntary Guidelines for Early Learning. Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation? Materials developed to support implementation of the guidelines are included in **draft format as Attachment #24 & #25**

State and local partners are just developing the Implementation Plan for the Benchmarks. Cultural, linguistic, and individual variations as well as diverse settings are at the forefront of our planning. Initial plans include, conducting a literature review for culturally appropriate materials and instructional practices that can be interwoven with the benchmarks to develop new curricula and parent and provider education materials. Plans are underway to enhance professional development opportunities to incorporate benchmarks content and to examine delivery mechanisms through the education and training systems.

5.2.4 Assessment of Voluntary Guidelines for Early Learning. As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as **Attachment #26. The state has a draft evaluation plan submitted by the National Center for Children and Families. This evaluation plan presents comprehensive options**

for evaluating various aspects of the Benchmarks, including process and implementation evaluations. The state partners are considering which aspects of the plan to adopt. The first aspect that has been implemented is an evaluation of Advisory Panel members. (Attachment #27)

5.2.5 State Plans for Professional Development. Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.

- ☒ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft is included as Attachment ____
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment ____
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment ____
- ☐ **Other (describe):**

Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.

Currently there is a strong commitment toward, and investment in, many successful professional development efforts in Washington State. There are also several committees and groups working to enhance professional development, education, articulation, and quality of care. However, Washington State does not have an overall plan for supporting, connecting and aligning all of these components into a comprehensive system of professional development and education.

In February 2005, the Head Start-State Collaboration Office sponsored a Professional Development and Education Forum to bring together public and private leaders who have existing interest and activity in early childhood and out-of-school care professional development to envision their next steps together toward developing a collaborative, coordinated plan for Washington.

Goals for the Forum were to: *develop a foundation for a Washington State plan by*
Improving understanding of the work and interests of Forum participants;
Developing a shared understanding of guiding principles for the development, content and implementation of the professional development plan;
Improving understanding of what a professional development plan might include;
Defining some components of a professional development plan around which participants want to collaborate (setting priorities); and
Defining and committing to next steps to develop a Washington State Plan in a collaborative, coordinated, and planful manner.

**Outcomes for the Day were to: *By the end of the day, Forum participants will know*
What existing or newly formed group will lead systems planning efforts; and
What are the next steps for planning, and who will carry them out.**

In the months since the forum a group of 15-20 state and local partners have met four times to plan next steps. This group is struggling with the issues of the breadth and depth of the plan. The group is also challenged with the fact that the Governor and legislature through the passage of HB 1152 will be receiving recommendations on the structure of the Governance System for Early Learning. The group does not want to work at cross-purposes with the intentions of the Governor and legislature and may adopt a short range professional development plan process for the immediate future and wait on the development of a broad-based, long-range professional development plan until the governance issues are clearer.

If your State has developed a plan for professional development, does the plan include:	Yes	No
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

Washington is not far enough along in our planning to complete this table. We already have many of the elements in the table in existence and efforts are underway to improve these. For example, there are active efforts working to improve articulation and to improve the state's system to track practitioners' training.

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

For each No response, indicate whether the Lead Agency intends to incorporate these components.

Are the opportunities available:	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

Not yet developed.

Are program or provider-level incentives offered to encourage provider training and education?

- ☒ Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts. Describe?

TEACH Early Childhood® WASHINGTON (Teacher Education And Compensation Helps - TEACH) is a program that gives scholarships and support to child care workers to help them complete professional certificate or college degree programs in early childhood education and to increase their compensation.

- ☐ No. If no, is there any plan to offer incentives to encourage provider training and education?

What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

Not developed yet.

PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- ☐ Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
☒ No. Answer 6.1.2 and 6.1.3.

Centers that are not subject to licensing must be “certified” as meeting Washington State licensing requirements, or have an approved federal plan in accordance with national or state standards for health and safety standards.

The department may “certify” a day care center for payment if the center is:

- a) Licensed by an Indian tribe;**
- b) Certified by the Federal Department of Defense; or**
- c) Approved by the superintendent of public instruction’s office.**

ECEAP PROGRAMS: ECEAP Programs are not subject to licensing under state law. ECEAP Program Performance Standards (See Attachment #28, *ECEAP Program Performance Standards*) must provide health services using an approach that addresses the individual child's health issues and makes appropriate referrals to family members. Staff and families must work together to remove obstacles to the health and safe development of each child. Health practices must address family needs through a variety of service strategies. These strategies must include:

Education of children and families concerning effective nutritional and sanitation practices, child safety, medical and dental care, non-violent communication and child abuse;
Development of environments and practices that minimize injury to emergency situations;
Education of staff, children and families to recognize and report child abuse;
Provision of appropriate medical, dental, mental health, nutrition, and therapeutic services indicated by child's status.

**Referral of parents/guardians to appropriate services that address physical, mental, emotional and medical issues not covered by ECEAP services; and
Education of parents about advocating for their child's health and safety needs in various community and educational environments.**

SEASONAL DAY CAMP PROGRAMS: Seasonal day camp programs for school age care are exempt from licensing. Day camp programs that have a contract with the State of Washington and provide subsidized child care are eligible for Working Connections Child Care (WCCC) payment under the following conditions:

Of a duration of three months or less;

Engaged primarily in recreational or educational activities; and

Accredited by the American Camping Association (ACA).

(See Attachment # 29 American Camping Association Accreditation Standards for Camp Programs and Services.)

ACA accredited seasonal day camps receive child care subsidy payments. Sites are in King County, Pierce County, Spokane County and Kitsap County. The American Camping Association is the only nationally recognized camp accreditation program in the United States. The accreditation Standards are high and meet or exceed national standards for quality care.

Seasonal Camps pay a fee to the ACA for the accreditation process, which is proportional to the camp's total operating expense and the number of children to be served. DCCEL receives a verification of the camp's ACA accreditation and issues a certificate based on ACA accreditation. The ACA accreditation has been the national and industry standard for camps since 1950. It has high standards that apply to food service, transportation, health and wellness, operational management, human resources and outdoor program activities. In some cases the ACA standards exceed the licensing standards.

- 6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

☐ Yes, and the changes are as follows:

☒ No

- 6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

ECEAP PROGRAM: ECEAP Program Performance Standards require ECEAP programs to establish policies and practice to safeguard against children's exposure to and transmission of, infectious diseases in accordance with the Office of Superintendent of Public Instruction (OSPI), Infectious Disease Control Guide for School Staff developed by the Washington State Department of Health. Programs must follow universal safety precautions and follow local requirements for reporting of communicable diseases. Sufficient toilet and hand washing facilities that are readily available and reachable by children must be maintained.

Contractors must comply with state and local sanitation laws and regulations for food preparation and handling, storage, and service including:

Clean toilets and hand washing facilities that are easily reached by children;
Preparation of food in an area separate from toilet and hand washing facilities;
Clean surfaces used for food preparation that are sanitized before and after each snack or meal; and
Wearing of non-porous gloves by staff and volunteers when they are in contact with spills of blood or other bodily fluids.

SEASONAL DAY CAMP PROGRAMS: The parent/guardian is responsible for selecting a caretaker who can meet health and safety requirements. However, Seasonal Day Camps standards for health and wellness provide a basis for accreditation through the American Camping Association, Inc. Standards focus on health and safety practices. Accreditation indicates to the public that the camp administration has voluntarily allowed its practices to be compared with the standards established by professionals in the camping industry. At least once every three years an outside team of trained camping professionals visits the accredited camp to verify compliance with the standards. Seasonal Camps are scored on the following criteria:

- First aid and emergency care personnel;
- Health history;
- Health care policies and procedures;
- Health care policy/procedures review;
- Contact information;
- Health exam;
- Permission to treat;
- Health information review and screening;
- Informing staff of special needs;
- Health care personnel;
- Treatment procedures;
- Staff training;
- Away from main camp (out-of-camp) trips;
- Special medical needs;
- Health care center;
- Supervision in health care center;
- Parent notification;
- Medication management;
- Recordkeeping; and

Record maintenance.

Building and physical premises safety

ECEAP PROGRAM: ECEAP Program Performance Standards require indoor/outdoor facilities must be safe, in good repair, sanitary and barrier free for all children and adults. Appropriate provisions for safe storage of flammable, toxic and hazardous materials must be made. Facilities must include regularly updated and inspected smoke detectors and fire alarms. Flaking or deteriorating lead-based paint must be refinished with lead-free paint or other non-toxic materials. Emergency lighting must be available in each group setting. Spaces occupied by children must be accessible to adults at all times that children are present. Provisions must be made to fence or supervise outdoor play areas sufficiently to prevent children from leaving the premises and wandering into unsafe and unsupervised areas.

Programs located in schools must adhere to the Washington State Primary and Secondary Schools Facilities Standards. All other program locations must follow DSHS Child Care Center Licensing Guidelines. Programs must establish a systematic review of facilities for compliance with safety regulations.

SEASONAL DAY CAMP PROGRAMS: Seasonal Camps are scored on criteria assessing whether or not a site will be accredited using standards listed in the *Accreditation Standards for Camp Programs and Services published by the Americam Camping Association, Inc.* (See Attachment #29, *American Camping Association Accreditation Standards for Camp Programs and Services*).

Health and safety training

ECEAP PROGRAM: ECEAP Program Performance Standards require staff working with children to receive training in child health and safety. Specific training must be provided concerning pediatric emergency first aid and cardiopulmonary resuscitation (by a certified instructor in infant/child CPR, food handling and first aid treatment).

Potential indicators reflecting operation of the standard:

Staff interviews, written developmental and training plans, program planning materials, program policy and procedure manuals, meeting minutes, individual staff development plans and evaluations indicate staff received or will receive training in child health and safety.

Outlines, agenda's, training notes for health/safety training opportunities are on file and confirm training required by the standard.

Staff developed plans confirm options and timelines for health and safety training.

A copy of the CPR instructor's certification is on file.

Pediatric emergency first aid, cardiopulmonary resuscitation, and food handling certificates for appropriate staff members are on file.

SEASONAL DAY CAMP PROGRAMS: Seasonal Day Camp staff receive training in the camps written procedures to:

- Identify staffs role and responsibilities in camp health care;
- Prepare staff to use health care supplies and equipment with which they will be furnished;
- Identify those situations which should be attended to only by certified health personnel, and
- Use established sanitary procedures when dealing with infectious waste or body fluids.

Seasonal Day Camps require staff with the following qualifications to be on duty for emergency care:

- CPR certification from a nationally-recognized provider;
- First Aid certification from a nationally-recognized provider.

6.2 Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
☒ No. Answer 6.2.2 and 6.2.3.

Note: Washington State Does Not Use Group Home As A Category of Child Care.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes, and the changes are as follows:

☒ No

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

- Health and safety training

6.3 Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☒ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.
☐ No. Answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

Note: Homes that are not subject to licensing must be “certified” as meeting Washington State licensing requirements, or have an approved federal plan in accordance with national or state standards or standards for health and safety.

**The department may certify a family day care home for payment if the home is:
Licensed by an Indian tribe; or
Certified by the Federal Department of Defense.**

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

Health and safety training

6.4 Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

- ☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.
☒ No. Describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

The following in-home/relative providers paid with CCDF funds are not subject to licensing:

U.S. citizens or legally residing adults who are:
Siblings living outside the child's home;
An extended tribal family member under chapter [74.15](#) RCW; or

A grandparent, aunt, uncle, or great-grandparent, great-aunt or great-uncle
A non-relative who is an adult friend or neighbor and provides care in the child's home.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes, and the changes are as follows:

☒ No

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

When a parent chooses care that is exempt, the parent/guardian signs a DSHS assurance, that minimum requirements are met. Every client receives information regarding the use of in-home child care (*DSHS 16-181 Rev 7/2004*) when they are sent Part II of the Application (*DSHS 14-417*) and the [In-Home/Relative Pending letter](#) (*DSHS 14-417A Rev 7/2004*). In home/relative care providers must be physically, mentally, and emotionally healthy, and able to follow standards and guidelines (See Attachment #30)

The prevention and control of infectious disease (including age-appropriate immunizations)

The children are current on the immunization schedule as described in the National Immunization Guidelines, developed by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices.

Building and physical premises safety

The home where care is provided is safe for the care of the children; and the in-home/relative child care provider is informed (by the parent) about home and physical premises safety relevant to the care of the children.

Health and safety training

The in-home/relative child care provider is informed (by the parent) about basic health practices, prevention and control of infectious disease, and immunizations. The provider must be able to work with the children without using corporal punishment or psychological abuse, provide constant care and supervision and provide activities for the children that are consistent with their developmental stages.

In addition, the in-home/relative care provider must submit a criminal history background inquiry from the state of Washington. The department compares the criminal background information including pending charges with convictions listed in the DSHS's Secretary's list of disqualifying convictions for ESA. The complete list can be found at <http://www1.dshs.wa.gov/esa/dccel>. The department determines if the in-home/relative care provider's background contains information that will not allow the authorization of payment towards the cost of child care. If the in-home/relative care provider cannot be cleared, the department notifies the parent.

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))
Indicate the Lead Agency's policy regarding these relative providers:

- ☒ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:
The prevention and control of infectious disease (including age-appropriate immunizations)

The parent/guardian is responsible for selecting a caretaker who can meet the above requirements and responsibilities. When a parent chooses care that is exempt, the parent/guardian signs a DSHS assurance, that minimum requirements are met. Every client receives information ([A Guide to In-Home/Relative Child Care](#) via DSHS 16-181, Rev

07/2004)) regarding the use of in-home child care when they are sent an [In-Home/Relative Pending letter](#) (DSHS 14-417A Rev 7/2004). In home/relative care providers must be physically, mentally, and emotionally healthy, and able to follow standards and guidelines (See Attachment #30)

Building and physical premises safety

The parent/guardian is responsible for selecting an in-home/relative care provider who can meet the above requirements and responsibilities. The parent/guardian signs a DSHS assurance (Part II of the application (14-417)) that minimum requirements are met. The parent/guardian must assure that the “in-home/relative care provider or relative is informed about building and physical premises safety, relative to the care of children.”

- Health and safety training

The parent/guardian is responsible for selecting a caretaker who can meet the above requirements and responsibilities. The parent/guardian signs a DSHS assurance that minimum requirements are met. The parent/guardian must assure that the “in-home caretaker or relative is informed about basic health practices, prevention and control of infectious disease, immunizations, safety, relative to the care of children.”

In addition, the in-home/relative care provider must submit a criminal history background inquiry from the state of Washington. The department compares the criminal background information including pending charges with convictions listed in the DSHS’s Secretary’s list of disqualifying convictions for ESA. The complete list can be found at <http://www1.dshs.wa.gov/esa/dccel>. The department determines if the in-home/relative care provider’s background contains information that will not allow the authorization of payment towards the cost of child care. If the in-home/relative care provider cannot be cleared, the department notifies the parent. The department then assists the parents in finding other child care arrangements. DSHS assumes the parent will use the in-home/relative care provider when there is no criminal history or there is non-disqualifying history information on file. The parent is notified of the criminal history results and payment is processed unless the parent indicates otherwise.

6.6 Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☒ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:

☐ No

Licensors make annual unannounced monitoring visits to Child Care Centers, and monitor Family Home Child Care every 18 months. The purpose is to inspect the facility or home to determine compliance with the Washington Administrative Code (WAC) Minimum Licensing Requirements (MLR'S) and Revised Code of Washington (RCW).

Are child care providers subject to background checks?

☒ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

☐ No

All providers, assistants, and volunteers of licensed child care centers; and providers and members of family child care households, sixteen years of age or older, who have unsupervised or regular access to the child in care are required to submit a criminal history and background inquiry form that is processed through the Washington State Patrol. Providers, assistants, and volunteers in licensed child care centers; and providers, assistants, volunteers and members of family child care households must submit to a fingerprint and FBI process if residing within the State of Washington less than three years. The inquiry information is also checked for CPS involvement that would disqualify the person from providing child care.

Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒ Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable):

☐ No

Licensed child care providers are required to report a death of a child, or serious injuries or illnesses that occur on the premises, to Children's Administration CPS Intake. Reportable injuries are those requiring medical treatment, and reportable illnesses are those that require hospitalization of a child in care. All reports of serious injury are screened for investigation.

Accident injury reports are part of the licensing history. If the complaint, upon investigation, is found to rise to the level of child abuse or neglect, that complaint becomes part of the Division of Licensed Resources/Child Protective Services complaint history of the licensed facility

Other methods used to ensure that health and safety requirements are effectively enforced:

Division of Child Care and Early Learning Licensors:

- Offer orientation sessions to potential applicants explaining minimum licensing requirements (MLRs);**
- Ensure applicants complete necessary processes and paperwork;**
- Inspect facilities to determine compliance with Washington Administrative Code (WAC) MLR and Revised Code of Washington (RCW);**
- Collaborate with applicants/providers to complete a “Corrective Action Plan” to correct any compliance deficiencies;**
- Coordinate with State Fire Marshal’s office for meeting fire safety standards;**
- Coordinate with Health Specialists regarding inspections for the health certification of child care centers;**
- Issue an appropriate facility license within ninety days of receipt of a complete application, or decide to deny the facility application;**
- Monitor facilities for compliance with the WAC;**
- Investigate licensing complaints against child care facilities and determine plan of correction, if needed. (Abuse and neglect complaints against licensed child care facilities are investigated by specialized investigators in the Division of Licensed Resources); and**
- Re-license facilities every three years.**

Division of Licensed Resources/Child Protective Services:

- Investigates complaints about child abuse and neglect in child care facilities.**

Division of Child Care and Early Learning Health Specialists:

- Inspect facilities to determine health and safety compliance with Washington Administrative Code (WAC) and Revised Code of Washington (RCW 74.15);**
- Evaluate initial compliance to achieve initial health certification of child care center;**
- Coordinate with DCCEL licensors; survey child care centers for health and safety concerns referred to them by the DCCEL licensors;**
- Provide technical assistance to providers, and write Corrective Action Plans;**
- Inspect child care centers for health and safety every 3 years when staffing levels permit.**

Information about licensing requirements is made available through the following:

- The network of resource and referral agencies throughout the state;**
- The publication, *Choosing Child Care: A Consumer Guide for Parents*;**
- Orientation sessions presented by Division of Child Care and Early Learning Staff for providers around the state at which the Minimum Licensing Requirements are distributed;**
- Minimum Licensing Requirements posted on DCCEL’s internet website www.dshs.wa.gov/esa/dccel, and made available to anyone who requests a copy;**
- The DSHS semi-annual newsletter, the “Link”, which is available on line at <http://www.dshs.wa.gov/esa/dccel>. Providers, licensors, advocates, and other**

stakeholders who are part of DCCEL's listserve receive notice when this newsletter is posted.

[You Have a Choice](#) tabloid developed by the lead agency Division of Child Care and Early Learning (DCCEL). This newsprint tabloid was published for parents and concerned parties who need advice about choosing child care. The publication summarizes the state's role in regulating child care and gives parents and others tips for choosing quality child care. The tabloid also outlines brain development information and gives advice to stimulate a child's learning. It is available free of charge to non-profit organizations and other government agencies for distribution to their clients and the general public. Interested organizations order the tabloid online through the state Department of Printing. (See Attachment #19.a)

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☒ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☒ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7.)

7.1 Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

Health and safety training

7.2 Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

Health and safety training

7.3 Health and Safety Requirements for Family Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

Building and physical premises safety

Health and safety training

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a

separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☐ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:
- ☐ No

Are child care providers subject to background checks?

- ☐ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
- ☐ No

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- ☐ Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable):
- ☐ No

Other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding

immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

Note: the one exception is for children served with protective services child care as noted in section 4.3 above

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) - **TANF families must participate in TANF WorkFirst approved activities for the amount of time specified in the participant's Individual Responsibility Plan; Non-TANF families must be enrolled and going to a job training or educational program.**
Families with children in protective services may be enrolled and going to a job training or educational program, or may receive child care services for other needs related to the child's health and safety.
- *in loco parentis* -
An adult caring for a minor in the absence of the natural, adoptive or step parent(s) and is:
The sibling or step-sibling;
Nephew or niece, aunt, uncle, grandparent, or any of the previous relatives with the prefix great, or;
Not a relative, court-ordered guardian or custodian. This adult must receive a Washington State Assistance to Needy Families (TANF) grant on behalf of the minor prior to being considered a consumer of Working Connections Child Care (WCCC).
- *job training and educational program* -
Basic Education includes High School completion and classes to prepare for and testing to acquire GED certification and may include adult basic education (ABE) or English as a second language (ESL).
Vocational Education is training in a specific occupation provided by a technical school or community college administered or certified by the state, or provided by a regionally certified tribal college. It also includes job skills training and pre-employment training in specific skills offered through community-based organizations, businesses and tribal governments.
High Wage High Demand is full-time training that will lead to a certificate or degree that will lead to employment in a high wage high demand field.
Customized Job Skills Training is full-time individualized or group training for specific jobs with a higher than average starting wage.
Job Skills Training is work related foundation job skills not tied to a specific job.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -

- **Physically, mentally, behaviorally, or emotionally incapable of self-care, as verified by a health, mental health, education or social service professional with at least a master’s degree, or by a registered nurse.**
- *protective services* -
 - **Family is currently receiving services through Children’s Administration, the Division of Alcohol and Substance Abuse, a homeless or domestic violence shelter. Children, up to the age of 19, who are placed for protective custody by CA, are eligible for child care through child protective services.**
- *“Respite Care Services”*
 - **the temporary, planned arrangement for substitute parenting or care-taking of a child. Respite services are typically available to provide opportunities to attend overnight training; provide substitute care in the absence of a caregiver; allow the caregiver personal time away from home; or to offer relief from parenting and care-giving responsibilities.**
- *residing with* -
 - **Living together in the same household or physical structure.**
- *special needs child* -
 - **A child under age 19 having a verified physical, mental, emotional, or behavioral condition that requires a higher level of care compared to other children of the same age or is a dependent of the courts and requires adult supervision. Verification must be made by a health, mental health, education or social service professional with at least a master’s degree, or by a registered nurse.**
- *very low income* -
 - **Anyone at or below 82% of the Federal Poverty Level and/or receiving TANF.**
- *working* (include minimum hours if applicable) -
 - **TANF families who are engaged in employment or other work-like activities.**
 - **Non-TANF families who are engaged in paid employment.**
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:
“Family” means one or more individuals in WAC [388-290-0015](#) who live together in the same household.



WASHINGTON STATE CCDF PLAN
ATTACHMENTS: 10/05-9/07

Attachment #	Document Description
1	Public forum and public hearing fliers
2	Information provided at forums
3	Information received via these forums
4	Survey information received
5	CCR&R Network Roster
6	Child Outcomes
7	Child Care Rates
8	Market Rate Survey
9	Definition of Income, WAC 388-290-0060
10	Definition of Terms, WAC 388-22-030
11	WACs 388-450-0035 ; 388-450-0040 ; 388-450-0055 ; 388-290-0015
12	Co-pay Calculation Table and Sliding Fee Scale effective April 1, 2006
13	Child Care Subsidies/A booklet for Licensed and Certified Providers (DSHS 22-877(X)) (Rev. 1/01)
14	Child Care Options in Washington State , (DSHS 22-516) and You Have a Choice, 2004 Publication
15	WCCC Application (DSHS 14-417) and WCCC Award/Change Letter (DSHS 07-066, 07-066, and 07-066A)
16	Seasonal Agricultural Workers! Do you work in fields, orchards or packing sheds?) (DSHS 22-330)(X) Rev. (5/02)
17	Child Care Complaint Process -What happens when there is a complaint about a Child Care Home or Center? DSHS 22-159(X)(4/04)
18	Afterschool in Washington : A Smart, Strategic Investment
19.a.	You Have a Choice, 2004 Publication
19.b.	Choosing Child Care : A Consumer Guide for Parents, DSHS 22-516(X) (Rev. 10/98)
20	Include Me/Guide to Inclusive Child Care , (DSHS 22-486(X)(2/01).)
21	Washington State Early Learning Benchmarks
21. a.	A Guide to the Formation of Washington State's Early Learning and Development Benchmarks
22	Benchmarks Preliminary Plan
23	Benchmarks - Alignment to other Learning Standards
24	Provider Brochure - Implementation support materials
25	Trainer's Guide – Implementation support materials
26	Assessment of Voluntary Guidelines Evaluation Plan
27	Advisory Panel Evaluation
28	ECEAP Programs are not subject to licensing under state law. ECEAP Program Performance Standards
29	Accredited by the American Camping Association (ACA), Standards for Camp Programs and Services)
30	DSHS 16-181, A Guide to In-Home/Relative Child Care and DSHS 14-417A, In-Home/Relative Pending Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for
Children and Families

2201 Sixth Avenue, RX-70
Seattle, WA 98121

Gary/Kathy

Ref: CCDF Plan (FFY 2006-2007)

JAN 17 2006

Robin Arnold-Williams, Secretary
Department of Social and Health Services
P. O. Box 45010
Olympia, WA 98054-5010

Dear Ms. Arnold-Williams:

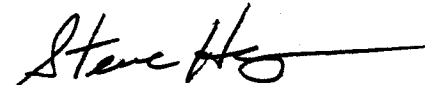
We have reviewed your recent request to amend the Child Care and Development Fund plan for FFY 2006-2007. The amendments are reflected on the attached Amendment Log:

Section 2.1 – Consultation and Coordination. This section adds reference to DCCCEL's efforts to partner in support of the Washington State Born Learning Campaign.

Section 3.2 Payments Rates. The payment rates for child care subsidies were adjusted upward by 6.47% across the state beginning November 1, 2005.

These changes are approved. Please feel free to contact Kathy Whelan at 206-615-2617 should you have any questions related to the Washington State CCDF Plan.

Sincerely,


Steve Henigson
Regional Administrator

Enclosure: Amendment Log

cc: Rachael Langen, Director ✓
Division of Child Care and Early Learning



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration

December 20, 2005

TO: Deb Marley, Assistant Secretary
Economic Services Administration

FROM: Rachael Langen, Director
Division of Child Care and Early Learning

SUBJECT: AMENDMENT TO THE CHILD CARE AND DEVELOPMENT FUND PLAN

Attached is a memo to Secretary Arnold-Williams and a letter to Steve Henigson, Health and Human Services, Region X, requesting approval of an amendment to the Child Care and Development Fund (CCDF) Plan for federal fiscal years 2005-2007.

The amendment covers changes in two sections:

- Attachment #1, Section 2.1 Consultation and Coordination; and
- Attachment # 2, Section 3.2 Payment Rates. Attachment #7 replaces the previous version of this attachment.

This amendment updates pages 16 and 23-27 of our CCDF Plan.

If you have any questions regarding this amendment, please call me at 725-4665.

Attachments

cc: Janin Hoppler
✓ Gary Burris
Laura Schrager



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration

December 21, 2005

TO: Robin Arnold-Williams
Secretary

FROM: Deb Marley, Assistant Secretary
Economic Services Administration

SUBJECT: AMENDMENT TO THE CHILD CARE AND DEVELOPMENT FUND PLAN

Attached is a letter to Steve Henigson, Regional Administrator, Health and Human Services, Region X, requesting approval of an amendment to the Child Care and Development Fund Plan (CCDF) for federal fiscal years 2004-2005. Your signature is requested on the memo.

The amendment covers changes in two sections:

- Attachment #1, Section 2.1 Consultation and Coordination; and
- Attachment # 2, Section 3.2 Payment Rates. Attachment #7 replaces the previous version of this attachment.

This amendment updates pages 16 and 23-27 of our CCDF Plan.

If you have any questions regarding this amendment, please call Rachael Langen, Director of the Division of Child Care and Early Learning, at (360) 725-4665.

Attachments

cc: Rachael Langen



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration

December 21, 2005

Stephen Henigson, Regional Administrator
Department of Health and Human Services
Administration for Children and Families
Blanchard Plaza
2201 Sixth Avenue
Room 300-M/S RX - 70
Seattle, Washington 98121

Dear Mr. Henigson:

The State of Washington is requesting approval to amend the Child Care and Development Fund Plan (CCDF) for federal fiscal years 2005-2007.

The amendment covers changes in two sections:

- Section 2.1 Consultation and Coordination. This section adds reference to DCCCEL's efforts to partner in support of the Washington State Born Learning Campaign"; and
- Section 3.2 Payment Rates. The Payment rates for child care subsidies were adjusted by 6.47% across the state beginning November 1, 2005. . Attachment #7 replaces the previous version of this attachment. .

This amendment updates pages 16 and 23-27 of our CCDF Plan.

Washington State has recently decided to enhance provider subsidies by adding additional support to professional training. Beginning January 1, 2006 providers will be able to close their facility for up to 3 days per year for professional training and receive subsidy payment. This change is not substantive enough to include in the body of the CCDF plan, however we are very pleased with this new provider benefit.

If you have any questions regarding these amendments, please call me. Thank you for your assistance with this request.

Sincerely,

Robin Arnold-Williams
Secretary

Enclosures



Healthy Child Care Washington is implemented through a contract with the Department of Health. It provides training, technical assistance and consultation to licensed child care providers to promote health and safety for infants and toddlers.

Employment Support: DCCEL spends CCDF dollars to subsidize child care for low-income families participating in Washington's WorkFirst Program. These families are working or gaining appropriate skills to enter and succeed in the work force.

(New Information 12/05)

Washington Born Learning Campaign: Washington is an enhanced site for the national campaign being lead by the Washington Early Care and Education Coalition. In a partnership effort with The Coalition, DCCEL will contract with community partners to lead, plan, coordinate and carry out the campaign state-wide to increase awareness and knowledge among parents, families, caregivers and child care providers about early learning and how they can help children learn.

Public Education: Each school district is required to provide all eligible special education students starting at age three a free appropriate public education program. The right to special education for eligible children begins on their third birthday. Three, four and five year old preschool children with disabilities are to receive early special education and related services that result in increased skills that enable them to succeed in school. Performance targets for special education preschool programs create the expectation that there will be an increase in the percentage of preschool children receiving services with their typically developing peers in typical early care and education environments including the home.

PART 3
CHILD CARE SERVICES OFFERED

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as Attachment #7.

The attached payment rates were phased-in over a period of six months, beginning November 1, 2005.

The rates are the maximum amounts the state will pay for child care in each rate category. The rates established in January 2002 were at the "58th percentile" based on the 2000 market rate survey. This meant that the January 2002 rates were equal to or greater than the prices charged to 58% of full-time children attending centers serving at least 15% private pay children and 58% of private pay full-time children cared for in family homes. It should be noted that Washington State strives to base its subsidy rates on the private pay child care market.

Lack of funds prevented new rates to be set using the 2002 market rate survey. Legislative budget actions, allowed for a child care subsidy rate increase, for Spokane County licensed child care providers, beginning July 1, 2004. This increased maximum DSHS rates by 2.7% for center and family home providers in Spokane County. Legislation has extended the enhanced rate for Spokane County through June 30, 2007. The 2005 legislature extended the enhanced rate for Spokane County, allocating \$500,000 per year through June 30, 2007.

In 2005, the legislature allocated funds to raise subsidy rates. Two strategies were considered for the raising of subsidy rates: (1) Setting a fixed percentile across the state based on region, type of provider, and age category of child; and (2) Raising all rates by a fixed percentage. The first strategy that has historically been used by Washington State to set rates would have resulted in no rate changes for many providers across the state. Consultation with providers and advocates in addition to the discussion within the lead agency led to the decision to raise all rates by 6.47%.

Washington State does not have a waiting list for child care subsidies—all eligible families who apply are offered subsidies. Washington State sets its percentile based on a forecast of the child care caseload in combination with the amount of monies budgeted for child care subsidies and the market rate survey.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care

services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

The month and year when the local market rate survey(s) was completed:

February – June, 2004. (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment #8.

In the spring of 2004, DSHS contracted with the Social and Economic Services Research Center (SESRC) of Washington State University to conduct a survey of: 1) child care centers and (2) licensed family child care homes. They attempted to call all 2,134 child care centers and a stratified random sample of 32% of child care family homes (2,171 out of 6,875).

The November 1, 2005 subsidy rates are equal to or greater than the prices charged 37% of the full-time children in centers (with at least 15% private pay children) and 43% of full-time private pay children in licensed family homes. The 2004 market rate survey also found that 29% of all children in centers were subsidized by DSHS and 36% of all children (42% of all children in full-time care) in licensed family homes were subsidized. The two included tables show the percentile that the current subsidy rates represented at the time of the 2004 survey for each age category and region of the state.

How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey):
(§98.43(b))

Washington State attempts to ensure equal access by making the same proportion of slots available to families regardless of where they live in the state, the age of their children, and the type of care that they choose (center vs. family home). Subsidy rates are set for four age groups (infants, toddlers, preschoolers, and school-age children) and two types of providers (centers and licensed family homes) in each of six DSHS Regions.

Some DSHS Regions cover large geographical areas and providers expressed concern prior to the last round of rate setting in January 2002 that the DSHS rates in some counties were too low. The amount of the market that the proposed DSHS rates would buy in each county was analyzed and centers in four counties were identified as needing special treatment. The maximum DSHS rates for centers in those counties were then assigned rates based on the DSHS Region they most closely resembled; no need for special treatment for family home rates was identified.

In connection with the 2004 market rate survey, providers were asked about both their willingness to care for subsidized children and whether or not they were

currently caring for subsidized children. Below is a table showing the proportion of providers willing to care for subsidized children as well as the proportion caring for subsidized children at the time of the survey. This information indicates that parents throughout the state should not have difficulty finding providers willing to care for children using subsidies to help pay for care. Center providers were asked whether they set a limit on the number of subsidized children that they would accept and 88% of providers that cared for children using subsidies did not set a limit on the number that they would serve.

Table 1. Information on Providers' Willingness to Care for Subsidized Children

DSHS Region	Centers		Homes	
	Percent Willing to Care for Subsidized Children	Percent Caring for Subsidized Children	Percent Willing to Care for Subsidized Children	Percent Caring for Subsidized Children
1	99%	94%	97%	79%
2	94%	81%	97%	81%
3	99%	91%	96%	62%
4	91%	74%	92%	54%
5	99%	95%	84%	51%
6	98%	95%	96%	71%
Statewide	96%	87%	94%	66%

Table 1 shows that almost all licensed providers in Washington State are willing to care for at least some subsidized children. Tables 2 and 3 show the estimated capacity available to families seeking to use subsidies to help pay for their child care.

Table 2 shows that 77% of slots are in centers that place no limits on the number of subsidized children that they will serve and an additional 3% of slots are in centers that put some limits on the numbers of subsidized children that they will accept. An additional 2% of slots are in centers that are willing to serve subsidized children but either did not serve or did not indicate the limit that they placed on numbers of accepted subsidized children. The 2004 market rate survey indicates that the subsidy rates in effect at the time of the survey provided access to approximately 80 – 82% of licensed slots in child care centers.

Table 2. Centers: Capacity Open to Families Using Subsidies to Help Pay for Child Care

Access	Number of Providers	Capacity	Capacity Available to Subsidized Children	Percent of Providers	Percent of Capacity	Percent of Capacity Available to Subsidized Children
Will not accept DSHS children	58	5177	0	3%	4%	0%
Accept DSHS children						
No limits and actively serving	1634	93549	93549	78%	77%	77%
Limits and actively serving	211	14200	3193	10%	12%	3%
Willing to serve*	184	8708	2177	9%	7%	2%
Unable to estimate	47	3050				
	2134					

* Assumes that 25% of capacity is open to DSHS children.

Table 3 shows that only 4% of slots in licensed homes are unavailable to families using subsidies to help pay for child care. Because family home providers were not asked about the limits that they placed on the number of subsidized children that they would serve, it is difficult to estimate the total percentage of slots in licensed family homes available to families using subsidies. The data do suggest, however, that the availability in homes is similar to that in centers and that families should have access to at least 75% of slots in licensed family homes (the 70% currently serving and one-quarter of slots in homes willing to serve).

Table 3. Homes: Capacity Open to Families Using Subsidies to Help Pay for Child Care

Access	Number of Providers	Capacity, Less Provider's Own Children	Percent of Providers	Percent of Capacity
Will not accept DSHS children	336	2543	5%	4%
Accept DSHS children				
Actively serving	4560	40673	67%	70%
Willing to serve	1889	14921	28%	26%
Unable to estimate	90	591		
Total:	6875	58728		

Last, we examined in more detail the area of the state (Region 4) where centers were least likely to be willing to or actually care for subsidized children. The data indicate that many subsidized children attend providers with rates well above the maximum subsidy rate. At the time of the 2004 survey, the maximum rate that DSHS would pay for preschoolers in center care was \$583 a month in Region 4. The following figure shows the percent of subsidized children attending centers in Region 4 by the amount that the centers charged for full-time preschool care. Only 13% of subsidized children attending centers in Region 4 went to centers charging at or

below the DSHS maximum rate for preschool (\$583); fully 87% of subsidized children in centers went to centers that charged more than the DSHS rates. Indeed, half of all subsidized children went to centers charging \$651 or more for preschool, almost \$70 per month above the DSHS maximum rate. Comparing the information in Figure 1 to that in Figure 2, it appears that families using subsidies have access to approximately the same range of providers as those used by families not using subsidies. Note: This analysis was done using the rates in effect at the time of the 2004 survey, not the new rates set in November 2005.

Resume Previous Plan:

**Figure 1: Percent of Subsidized Children in Centers
by Monthly Charge for Full-Time Preschool Care, Region 4**

Child Care Subsidy Rates – November 2005

LICENSED CHILD CARE CENTERS

Centers in Clark County paid at Region 3 rates paid.

Centers in Benton, Walla Walla and Whitman Counties paid at Region 6 rates.

		<u>Infants</u> <u>(1month -11 mos.)</u>	<u>Toddlers</u> <u>(12mos-29 mos.)</u>	<u>Preschool</u> <u>(30mos-60 mos.)</u>	<u>School-age</u> <u>(5-12 years)</u>
Region 1	Full-Day	\$25.89	\$21.77	\$20.57	\$19.36
	Half-Day	\$12.95	\$10.89	\$10.29	\$9.68
Spokane County	Full-Day	\$26.48	\$22.27	\$21.04	\$19.80
	Half-Day	\$13.25	\$11.14	\$10.53	\$9.90
Region 2	Full-Day	\$26.14	\$21.83	\$20.23	\$17.91
	Half-Day	\$13.07	\$10.92	\$10.12	\$8.96
Region 3	Full-Day	\$34.60	\$28.84	\$24.92	\$24.20
	Half-Day	\$17.30	\$14.42	\$12.46	\$12.10
Region 4	Full-Day	\$40.27	\$33.63	\$28.21	\$25.40
	Half-Day	\$20.14	\$16.82	\$14.11	\$12.70
Region 5	Full-Day	\$29.52	\$25.40	\$22.36	\$19.85
	Half-Day	\$14.76	\$12.70	\$11.18	\$9.93
Region 6	Full-Day	\$29.03	\$24.92	\$21.77	\$21.29
	Half-Day	\$14.52	\$12.46	\$10.89	\$10.65

LICENSED FAMILY CHILD CARE HOMES

		<u>Infants</u> <u>(0month -11 mos.)</u>	<u>Toddlers</u> <u>(12mos-29 mos.)</u>	<u>Preschool</u> <u>(30mos-60 mos.)</u>	<u>School-age</u> <u>(5-11 years)</u>
Region 1	Full-Day	\$21.29	\$19.16	\$19.16	\$17.04
	Half-Day	\$10.65	\$9.58	\$9.58	\$8.52
Spokane County	Full-Day	\$21.78	\$19.60	\$19.60	\$17.43
	Half-Day	\$10.89	\$9.80	\$9.80	\$8.71
Region 2	Full-Day	\$21.29	\$20.23	\$18.10	\$18.10
	Half-Day	\$10.65	\$10.12	\$9.05	\$9.05
Region 3	Full-Day	\$30.88	\$26.62	\$23.42	\$21.29
	Half-Day	\$15.44	\$13.31	\$11.71	\$10.65
Region 4	Full-Day	\$31.94	\$31.59	\$26.62	\$25.55
	Half-Day	\$15.97	\$15.80	\$13.31	\$12.78
Region 5	Full-Day	\$23.42	\$21.29	\$20.23	\$18.10
	Half-Day	\$11.71	\$10.65	\$10.12	\$9.05
Region 6	Full-Day	\$23.42	\$21.29	\$21.29	\$20.23
	Half-Day	\$11.71	\$10.65	\$10.65	\$10.12

In-Home Care

Dollars per hour

First Child	\$2.06
Each additional Child	\$1.03

Child Care Subsidy Rates – November 2005

LICENSED CHILD CARE CENTERS

Special Needs Rates

		<u>Infants</u> <u>(1month -11 mos.)</u>	<u>Toddlers</u> <u>(12mos-29 mos.)</u>	<u>Preschool</u> <u>(30mos-60 mos.)</u>	<u>School-age</u> <u>(5-12 years)</u>
Region 1	Full-Day	\$7.30	\$6.14	\$5.80	\$5.45
	Half-Day	\$3.65	\$3.07	\$2.90	\$2.73
Region 2	Full-Day	\$7.36	\$6.15	\$5.70	\$5.05
	Half-Day	\$3.68	\$3.08	\$2.85	\$2.52
Region 3	Full-Day	\$9.75	\$8.13	\$7.02	\$6.82
	Half-Day	\$4.88	\$4.06	\$3.51	\$3.41
Region 4	Full-Day	\$11.35	\$9.48	\$7.95	\$7.16
	Half-Day	\$5.67	\$4.74	\$3.98	\$3.58
Region 5	Full-Day	\$8.32	\$7.16	\$6.30	\$5.59
	Half-Day	\$4.16	\$3.58	\$3.15	\$2.80
Region 6	Full-Day	\$8.18	\$7.02	\$6.14	\$6.00
	Half-Day	\$4.09	\$3.51	\$3.07	\$3.00

LICENSED FAMILY CHILD CARE HOMES

		<u>Infants</u> <u>(0month -11 mos.)</u>	<u>Toddlers</u> <u>(12mos-29 mos.)</u>	<u>Preschool</u> <u>(30mos-60 mos.)</u>	<u>School-age</u> <u>(5-11 years)</u>
Region 1	Full-Day	\$6.00	\$5.40	\$5.40	\$4.80
	Half-Day	\$3.00	\$2.70	\$2.70	\$2.40
Region 2	Full-Day	\$6.00	\$5.70	\$5.10	\$5.10
	Half-Day	\$3.00	\$2.85	\$2.55	\$2.55
Region 3	Full-Day	\$8.70	\$7.50	\$6.60	\$6.00
	Half-Day	\$4.35	\$3.75	\$3.30	\$3.00
Region 4	Full-Day	\$9.00	\$8.90	\$7.50	\$7.20
	Half-Day	\$4.50	\$4.45	\$3.75	\$3.60
Region 5	Full-Day	\$6.60	\$6.00	\$5.70	\$5.10
	Half-Day	\$3.30	\$3.00	\$2.85	\$2.55
Region 6	Full-Day	\$6.60	\$6.00	\$6.00	\$5.70
	Half-Day	\$3.30	\$3.00	\$3.00	\$2.85

In-Home Care

Dollars per hour

First Child	\$0.62
Each additional Child	\$0.62